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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporation	MENT # P94000 0	002518			
) A. WEINSTOCK, D.O., P.A.				
Principal Place	e of Business	Mailing Address			(1) MENIA 1180: DITEN 11801 1801 1801
2151 45TH STR	EET	8950 BEACONHILL ROAD			
#107		PALM BEACH GARDENS FL 33410		DO NOT WRITE IN TH	HIS SPACE
WEST PALM BCH FL 33407 US US			3. Date Incorporated or Qualifed		
US				01/11/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 8590 BEACD	NHILL ROAD	65-0458490	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		The Continuence of Finance Polaries	Fee Required
City & State	e	City & State	GARDENS FL	6. Election Campaign Financing	\$5.00 May Be
23			Country		Added to Fees
Zip	Country	Zip 29 33410 36		This corporation owes the current year Personal Property Tax.	Yes \(\subseteq No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	
	J. Haine and Address of Content	regiotorea Agent	81 Name		
WEIN	NSTOCK, RICHARD A		02 Ch4 Add	ress (P.O. Box Number is Not Acceptable)	
2151 45ST #107			82 Street Addr	45 STREET	
19495-BISCAYNE BLVD., SUITE 808			83 # 10		
WEST PALM BCH FL 33407					
·			84 City WE	ST PALM BEACH F	L 33407
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named corp	anting automite this statement for the purpose	of changing its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with, and accept the obligation	Florida. Such change was auth	norized by the corporate	on s board of directors. I hereby accept the ap	pointinent as registered
		angor, Section Burrigus, Florid	a Statutes.		
	X Millar	one of, Section BY 1905, Florid	a Statutes.	3-1	1-99
SIGNATURE	Signature, types or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating) DATE	-97
SIGNATURE	Signature, types or printed name of registered grent and OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature require		AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, these or printed name of registered gent of OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE	-97
SIGNATURE 12. TITLE NAME	Signature, these or printed name of registered plent in OFFICERS AND OP WEINSTOCK, RICHARD A D.O.	and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND OP WEINSTOCK, RICHARD A D.O. 8950 BEACONHILL ROAD	and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, these or printed name of registered plent in OFFICERS AND OP WEINSTOCK, RICHARD A D.O.	and title if applicable. (NOTE: Re	agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstating) DATE	AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RICHARD

A WEINSTOCK

845-<u>9888</u>