FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052220 (8)

DAVID N. BRANCATI & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



1455 NW 1071 MIAMI FL 331	TH AVE SUITE 160	1455 NW 107TH AVE SUIT MIAMI FL 33172	E 160	
MINIMI I E OUI		MICHAIL 1 C GOLLE		DO NOT WRITE IN THIS SPACE
	·			3. Date Incorporated or Qualified
				07/14/1994
2. Principal Pl	ace of Business	2a. Mailing Address	.au 01	4. FEI Number Applied For
21 10481	NW 18+2 PL	26 10481 NW	1804 PC	65-0508173 . Not Applica
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State	FL	6. Election Campaign Financing \$5.00 May Be
	Mush			Trust Fund Contribution
Zip 33332	Country USA	7 33222 -	Country US-A	8. This corporation owes or has paid the current year Intangible
24 327 2		[29] 373 2 30	0, 5,7	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Hedistelen Agent	81 Name	10. Name and Address of New Registered Agent
	OPOLD, NORMAN ESO		or wante	·
20801 BISCAYNE BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 501				
NO	RTH MIAMI BEACH FL:33180		83	
			84 City	FL 85 Zip Code
15 Durawant t	a the provinces of Sections 697 DED2	and 607 1509. Florida Statutas	the about parroa	corporation submits this statement for the purpose of changing its register
office or re	or in provisions or Sections 607.0302 agi ster ed agent, or both, in the State c in familiar with, and accept the obligat	f Florida. Such change was auti	horized by the cor	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title if explicable (NOTE B	nustannis translava	e required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOTLE	Change M Addit
NAME	RUSZCZYK, ISABELLE		1.2 NAME	PAT ON BOOK 1'S)
STREET ADDRESS	1455 NW 107TH AVE SUITE	160	1.3 STREET ADDRESS	David N. Brancoti, O.D.
CITY-ST-ZIP	MIAMI FL	.00	1.4 CITY-ST-ZIP	Plantytian FL 73322
TITLE	THAIR I C	DELETE	2.1 TITLE	L/C Change Addit
NAME			2.2 NAME	10/3
STREET ADDRESS			2.3 STREET ADDRESS	1596dle Ruszeczyk,O.D.
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	Plantotion FL 33322
TITLE		DELETE	3.1 TITLE	Change Addit
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
1			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Addit
NAME			4.7 TILE 4.2 NAME	Commy C round
STREET ADDRESS			4.2 IAME 4.3 STREET ADDRESS	
1			4.4 CITY-ST-ZiP	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addit
NAME		End where	5.2 NAME	_ Constant
STREET ADDRESS				
			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE	Change Addii
TITLE		Land Deleting		Change C Room
NAME OTOSET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ertify that the information consists with	this filing does not qualify for t	6.4 City-St-ZiP	ed in Section 119 07/3V// Florida Statutas I further cartifu that the information
indicated of	on this annual report or supplemental.	annual report is true and accura	ate and that my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informati gnature shall have the same legal effect as if made under oath; that I am as s required by Chapter 607, Florida Statutes; and that my name appears in
	or Block 13 if changed, or on an attach			2 14 1 12 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1