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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION DECORPORATIONS A

DOCUMENT # P9400 1. Corporation Name	0061107 (6)
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BRUCE GOLDBERG, D.C., P.A.

	- MARIAN JAMAN					8811 KBUR BUR ! 31381 1	
Principal Place of Busi	ness	Mailing Address				ABIN BRICK BICKLINSEL II	1911 99111 1921 19 21
648 U.S. HWY. ONE 5014€ 3 NORTH PALM BEACH FL 33408		648 U.S. HWY, ONE NORTH PALM BEACH	648 U.S. HWY. ONE NORTH PALM BEACH FL 33408				
					3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last 04/28/1	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26	F				Applied For Not Applicable
		Surte, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Require		
City & State			City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζ _Ι ρ 4	Country 25	Z _I p	Country 30	/	8. This corporation has liability for i	intangible tax under	s 199.032,
9. Name and Address of Current R					10. Name and Address of New Registered Agent		
GOLDBERG, B	RUCE		81				
648 U.S. HWY. ONE NORTH PALM BEACH FL 33408					dress (P.O. Box Number is Not Acceptable)		
NORTH PALM	BEAUTI FE 33408		83			,, ,-,	
			84	1		FL	Zip Code
or registered ager	it, or both, in the State of Fid	i02 and 607.1508, Florida Statu orida: Such change was authori ection 607.0505, Florida Statute	ized by the com	named corpor loration's boai	ration submits this statement for the pur rid of directors. Thereby accept the appo	rpose of changing it ointment as register	s registered offic ed agent. I am
familiar with, and i							
SIGNATURE	typed or printed name of registerical ag	ont and the papping approach (i)	OTE Bagatered Ager	nt signature require	kf when renstating)	DATE	
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