

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathwan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089757 (6)**

1. Corporation Name

STEPHEN J. VELEZ, D.D.S., P.A.



Principal Place of Business

900 N. 30TH ROAD
HOLLYWOOD FL 33021

Mailing Address

900 N. 30TH ROAD
HOLLYWOOD FL 33021

2. Principal Place of Business

21 **1390 CORAL RIDGE DR**
State, Apt. #, etc.

23 **CORAL SPRINGS, FL**
City & State

24 **33071**
Zip

2a. Mailing Address

26 **1390 CORAL RIDGE DR**
State, Apt. #, etc.

28 **CORAL SPRINGS, FL**
City & State

29 **33071**
Zip

9. Name and Address of Current Registered Agent

SABRA, RICHARD B
4330 SHERIDAN STREET
SUITE 202-B
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0541999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name **FRED SADOFF**
82 Street Address (P.O. Box Number is Not Acceptable) **EMERALD HILLS EXECUTIVE PLAZA I**
83 **4601 SHERIDAN ST. SUITE 301**
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 607.07(1)(c) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.07(1)(c), Florida Statutes.

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	DELETE
NAME	VELEZ, STEPHEN J		
STREET ADDRESS	900 N. 30TH ROAD		
CITY-STATE-ZIP	HOLLYWOOD FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
12 NAME	D VELEZ, STEPHEN J					
13 STREET ADDRESS	1390 CORAL RIDGE DR					
14 CITY-STATE-ZIP	CORAL SPRINGS, FL 33071		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
15 TITLE						
16 NAME						
17 STREET ADDRESS						
18 CITY-STATE-ZIP			<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
19 TITLE						
20 NAME						
21 STREET ADDRESS						
22 CITY-STATE-ZIP			<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
23 TITLE						
24 NAME						
25 STREET ADDRESS						
26 CITY-STATE-ZIP			<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not comply for the corporation stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information stated on this form in respect of single member annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, the reference number assigned to me shall be the report number. Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the statement with an addition.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (954) 340-4004

CR2E034 (12/95)