SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000009259 (9)

JEFFREY A. MIDDLETON, D.C., P.A.

JEFFRET A. MIDDLETON, D.O., F.							
Principal Place of Business	Mailing Address		E HORFINGE IIM (BIM) BIIII MARIS ABIII A		14112 11951	1 1 1 1 1 1 1 1 1 1	'
1500 NORTH OCEAN BOULEVARD	1500 NORTH OCEAN BOULEVARD APT 702 POMPANO BEACH FL 33060						
APT 702 POMPANO BEACH FL 33060			3. Date Incorporated or Qualified	3a. Date	of Last F	Report	
POMPANO DESCRIPE 30000			01/31/1995	01,	1311	1995	
2. Principal Place of Business	2a. Mailing Address	1 21.0	4. FEI Number 105 059 3247)		oplied For of Applica	
1 851 E. Commercial DLVU.		gercial BLVD.	65 059 3997			Additional	
Suite, Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired		-	equired	
City & State () 1	City & State .	l.la Ei	6. Election Campaign Financing	П		May Be	
Ft. Endderdale, FL	28 Ft. Lnuder		Trust Fund Contribution 8. This corporation has liability for	intendible to		10 Fees	•
Zip Country	Zip 333341	Broward	Florida Statutes	Yes [No.	J. 100 031	
9. Name and Address of Current		JOINT COLLECT	10. Name and Address of New Re	egistered Aç	gent		
		81 Name					
LAWRENCE JOHN MIANO, P.A. 110 TOWER - SUITE 1630		B2 Street Addr	ress (P.O. Box Number is Not Acceptat	ble)			
110 S.E. 6TH STREET		83					
FT. LAUDERDALE FL 33301					85 Zır	Code	
11. Pursuant to the provisions of Sections 607.0500		84 City		FL			
 Pursuant to the provisions of Sections 607.050/ office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	ations of, Section 607,0505, Flor	ida Statutes					
agent. I am familiar with, and accept trie obligation SIGNATURE Signature, typed or printed narry of ingistered age.	ot and title it applicable (NOTE	Registered Agent signature requi	ired when renstating)	DATE		DRS IN 12	
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SIGNATURE: __

HIGHATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/90 954-351-0009