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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021218 (9)

C.F. JOHARY D.M.D., P.A.

SIGNATURE:

Principal Place	e of Business	Mailing Address	Mailing Address				T 1984 I USB I USB I DIBU BIHIH BERHA BETIAT BERHA BANGS KATEK LIMIN HABEI KATEK LUBKA			
2390 W OLD HWY 441 SUITE 2 MT DORA FL 32779		2390 W OLD HWY 441 SUITE 2 MT DORA FL 32757-3534								
						3. Date Incorporated or Qualified 03/09/1995	1	te of Last R 22/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo			plied For	
21		26			59-3299919		t Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re			
City & State	0	City & State								
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Z (p	Country	Zip	Cou	ntry		8- This corporation has liability for				
24	25	h-¬	30	,				No	. 133.032,	
2-7	9. Name and Address of Current Registered Agent					10. Name and Address of New Re				
HOI.	IARY, C F			81	Name					
	O W OLD HWY 441 SUITE 2		}	82	Street Ade	dress (P.O. Box Number is Not Acceptab	اها			
	DORA FL 32779			"2	Sileer Au	dress (r). Box (suimber is Not Acceptat	··· ··			
••••				83					· · · · · · · · · · · · · · · · · · ·	
			ļ	84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the al	DOVE	e-named co	rporation submits this statement for the p			s registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au	thorized	d by	the corpor	ation's board of directors. I hereby accep	of the appo	ointment as	registered	
SIGNATURE		and the second					DATE			
12.	Signature, typied or printed name of registered agri OFFICERS AN				ni signature req	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	D			1.1 TITLE				Change	Addition	
NAME	JOHARY, C F		1.2 NA	AME						
STREET ADDRESS	2390 W OLD HWY 441 SUITE	2	1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MT DORA FL 32757		1.4 CITY - ST- ZIP							
THILE		DELETE	2.1 TITLE			711111111111111111111111111111111111111		Change	☐ Addition	
NAME	Į.		2.2 NA	2.2 NAME						
STREET ADDRESS			2.3 STF		ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP							
TITLE		DELETE	3.1 10	3.1 TITLE				Change	Addition	
NAME			3.2 NA	AME	İ					
STREET ADDRESS			3.3 \$T	TREET	ADDRESS				II.	
CITY - ST - ZIP			34 C		ST-ZIP					
TITLE		[_] DELETE	4.1 TI	TLE				Change	Addition	
NAME			4 2 N	IAME						
STREET ADDRESS			4.3 ST	TREET	ADDRESS					
CITY - ST - ZIP		Locusto	_		T-ZIP			[] Channa	144800	
TITLE		DELETE	5 1 70					Change	Addition	
NAME			52 N/							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIF		DELETE	5.4 Ch		I - ZIP			Change	Addition	
THE		[_] DETER	61 TI		1			LI CHANGE	Automoti	
NAME OTOGET ADDRESS			62 N/		1000000					
STREET AODRESS			635	IKEET	ADDRESS					

14. I do hereby certify that the information supplied with this long 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 received a trystee 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, or op at attach have the an address.

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR