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DANIEL DRAPACZ DPM

PAGE 01

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045821

1. Corporation Name
DR. DANIEL DRAPACZ, D.P.M., P.A.

APPROVED
AND
FILED

99 OCT -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1301 S MAIN ST
BELLE GLADE FL 33430
US

Mailing Address
P.O. BOX 237
PAHOKEE FL 33476-0237
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 1002 S. Paezott Ave
Suite, Apt. #, etc
City & State
23 Okeechobee FL
Zip
24 34974
Country
25 Okeechobee
26 1002 S. Paezott Ave
Suite, Apt. #, etc
City & State
28 Okeechobee FL
Zip
29 34974
Country
30 Okeechobee

3. Date Incorporated or Qualified
06/07/1995
4. FEI Number
65-0603158
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
7. This corporation owes the current year intangible
Personal Property Tax ☒ Yes ☐ No

DRAPACZ, DANIEL DR
1301 S MAIN ST
BELLE GLADE FL 33430

19. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1002 S. Paezott Ave
83
84 City
Okeechobee FL 85 Zip Code
34974

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.3506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

2/23/99

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing 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 receiver or trustee 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 on an agreement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

2/23/99 1941357-0336

CR2023A (1/1/98)

000003026160-6
10/27/98 010517006
***150.00 ***150.00

Fig. 2 of 2

ALLEN M. KARMELIN
Certified Public Accountant

September 10, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is a copy of the 1999 Corporation Annual Report filed by Dr. Daniel Drapacz, D.P.M., P.A. on February 23, 1999.

Since we received a second notice, we must assume that the first one was lost in the mail. Also enclosed is our second check for \$ 150.00 to cover the filing fee since the first check must have been lost with the first filing.

Thank you for your assistance in this matter. If I can be of further assistance, please call.

Very truly yours,



Allen M. Karmelin, C.P.A.
AMK:lap