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PROFIT CORPORATION **ANNUAL REPORT** 

1998

SIGNATURE:



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000053452 (5)

**FILED** Mar 02 1998 8:00am Secretary of State

| NELSO   | N R. MARQUES, DDS, P.A.  |   |                    |         |                                       |  |                 |                |
|---|--|---|--------------------|---------|---------------------------------------|--|-----------------|----------------|
| Principal Place                               | e of Business  | Mailing Address   |                    |         |                                       | -  | B MANAY BIRBI B | 1400 IAON 1001 |
| 2021 E COMMERCIAL BLVD 2021 E COMMERCIAL BLVD |  |   |                    |         |                                       | }  |                 |                |
| SUITE 208 SUITE 208                           |  |   |                    |         | DO MOT MONTO IN THE COLOR             |  |                 |                |
| FT LAUDERDA                                   | FT LAUDERDALE FL 33:   | AUDERDALE FL 33308  |                    |         | DO NOT WRITE IN THIS SPACE            |  |                 |                |
| US  |  | US  |                    |         |                                       | 3. Date Incorporated or Qualified 07/06/1995   |                 |                |
| 9 Principal Pl                                | lace of Business   | 2a. Mailing Address   |                    |         |                                       |  |                 | oplied For     |
| 21  | add or bosiness  | 26  |                    |         |                                       |  |                 | ot Applicable  |
| Suite, Apt. #, etc                            |  | Suite, Apt. #, etc.   |                    |         |                                       | SR 75 Additi   |                 |                |
| 22  |  | 27  |                    |         |                                       | Certificate of Status Desired  |                 | beriupe        |
| City & State                                  | (1   | City & State  |                    |         |                                       | 6. Election Campaign Financing   | \$5.00          | May Be         |
| <u> </u>                                      |  | 28  |                    |         | Trust Fund Contribution Added to Fees |  |                 |                |
| Zip   | Country  | Ζψ  | <b>├</b> ──¬       | Country |                                       | 8. This corporation owes or has paid the cur   |                 |                |
| 24  | 25   | 29  | 30                 |         |                                       |  |                 | No             |
|   | 9, Name and Address of Current   | neðisteien våeut  |                    | 81      | Name                                  | 10. Name and Address of New Registered   | -yent           |                |
| GREENE, WILLIAM                               |  |   |                    |         |                                       |  |                 |                |
|   | 08 NW 103 AVE<br>NRISE FL 33351  |   |                    | 62      | Street Addre                          | ddress (P.O. Box Number is Not Acceptable)   |                 |                |
| 301   | MNISC I C 33331  |   | 1                  | 83      |                                       |  |                 |                |
|   |  |   | i                  |         |                                       |  |                 |                |
|   |  |   |                    | 84      | City                                  | FL   | 85 Zip          | Code           |
| SIGNATURE                                     | m familiar with, and accept the obligat<br>Signature, typist or printed name of this seried agent<br>Of LICERS AND | and the it applicable (NO                                   |                    |         | nt signaturé required                 | oration submits this statement for the purpose of on's board of directors. I hereby accept the app dwhen reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND | ·               |                |
| TITLE   | D  | DELETE  | 1.1 7/1            | rı F    |                                       | ADDITIONS/CHANGES TO OTTOCKS AND   | Change          | Addition       |
| NAME  | MARQUES, NELSON R DDS  |   | 1,2 NA             |         |                                       |  |                 | <b></b>        |
| STREET ADDRESS                                | 2021 E COMMERCIAL BLVD 1.3.  |   |                    |         | ADDRESS                               |  |                 |                |
| CITY-ST-ZIP                                   | FT LAUDERDALE FL 33308   |   | 1,4 CF             | TY-ST   | - ZIP                                 |  |                 |                |
| TITLE   |  | DELETE  | 2111               |         |                                       |  | Change          | ☐ Addition     |
| NAME  |  |   | 2.2 NA             | ME      |                                       |  |                 |                |
| STREET ADDRESS                                |  |   | 2.3 \$T            | REET A  | ADDRESS                               |  |                 |                |
| CITY-ST-ZIP                                   |  |   | 2.4 C              | TY-\$1  | T-ZIP                                 |  |                 | . <u> </u>     |
| TITLE   |  | ☐ DELETE 3.1  |                    | [LE     |                                       |  | Change          | ☐ Addition     |
| NAME  |  |   | 3.2 NA             |         |                                       |  |                 | i              |
| STREET ADDRESS                                |  |   |                    |         | ADDRESS                               |  |                 |                |
| CITY-ST-ZIP                                   |  |   |                    | ITY-SI  | T-ZIP                                 |  | Change          | ☐ Addition     |
| TITLE   | _  |   | 4.1 TIT<br>4. 2 N/ |         |                                       |  | ☐ CHANGE        | T Manidal)     |
| STREET ADDRESS                                |  |   | 1                  |         | ADDRESS                               |  |                 |                |
| CITY-ST-ZIP                                   |  |   | 4.3 ST             |         |                                       |  |                 |                |
| TITLE   |  | DELETE  | 5.1 7(1            |         | - ENF                                 |  | Change          | Addition       |
| NAME  |  |   | 5.2 NAME           |         |                                       |  | _ •             |                |
| STREET ADDRESS                                |  |   |                    |         | ADORESS                               |  |                 |                |
| CITY-ST-ZIP                                   |  |   | 5.4 Cil            | IY-SI   | - ZIP                                 |  |                 |                |
| TITLE   |  | ☐ DELETE  | 6.1 111            | LE      |                                       |  | Change          | Addition       |
| NAME  |  |   | 6.2 NA             | ME      |                                       |  |                 |                |
| STREET ADDRESS                                |  |   | 6.3 ST             | REET A  | address                               |  |                 |                |
| CITY-ST-ZIP                                   |  |   | 6 4 CI             |         |                                       |  |                 |                |
| indicated officer or o                        | on this annual report or supplemental.   | annual report is true and ac<br>ver or trustee empowered to | curate and         | i tha   | t my signature                        | Section 119.07(3)(i), Florida Statutes. I further ce<br>e shall have the same legal effect as if made un-<br>ired by Chapter 607, Florida Statutes; and that n | der oath; th    | atlaman        |