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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of &tate* ** DIVISION OF CORPORATIONS

1996

P95000073227 (7) **DOCUMENT** #

RICHARD D. MOPPER, O.D., P.A.

FILED May 01 1996 8:00 am Secretary of State

Alaba Addaga									***** ***** **** ****
Principal Place of Business Mailing Address									
	TATE ROAD SUITE 101		2331 N STATE ROAD SUITE 101 LAUDERDHILL FL 33313						
LAUUEKUP	HLL FL 33313	LAUDERUNILL P	r 20019						
						3. Date Incorporated or Qualified 09/20/1995	3a. Date	of Last F	Report
2. Principal Pl	ace of Business	2a. Maling Address				4. FELNamber			Applied For
21		26	26			99-3344 76	Υ		Not Applicable
Suite, Apt	#, etc.	Suite Apt #, et	Suite Apt #, etc.			5. Certificate of Status Desired			5 Additional
22		[27]							Required
City & State	e	City & State	Oity & State			6. Flection Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			ed to Fees
Zγρ	Country	Ζφ	Coun	itry		8. This corporation has liability for i	ntang ble ta:	cunder s	s 199.032,
24	25	29	30			10. Name and Address of New R		gent	
	9. Name and Address of Curi	ent Registered Agent		81	Name	10. Name Bito Address of New I	ogistorou z	gom	
רשונים	CK MUCBU DY			- i					
CHUCK MOGBO PA 2331 N STATE ROAD7 SUITE 124 LAUDERDHILL FL 33313			[82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
			ļ.,	83					
באטטו	LINUI IILL I L 300 IU							· · · · · ·	
				84	City		FI	85 2	Zip Code
-		200 - 10024500 5: 1 0	that there are an are	<u>.</u>	nand ease -	ration submits this statement for the pur		daine es	registered office
familiar w SiGNATURE	ith, and accept the obligations of Signature Need or participations of the interest Signature Need or participation of the int	ection 607.0505, Florida Sta	inotes inote highlight			and of directors. I hereby accept the app	DAIE		
12.		AND D RECTORS	13.	egra.:	SAPIG METERATO	ADDITIONS/CHANGES TO OFF		DIRE.CT	ORS IN 12
TITLE	P	☐ DELETE		 ILF					Addition
NAME	MOPPER, RICHARD D		1.2 NA	M:					
STREET ADDRESS	5690 COACH HOUSE CI	rcle suite h		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33486		14 C·I	Y SI	- ZiP				
TITLE		☐ DECEME					[] Change	- Addition
I NAME		_	2.2 NA	ME					
STREET ADDRESS	İ		2350	HEFT A	ADDRESS				
CITY - ST - ZIP			2.4 Cil						
TITLE	 	DELETE			- -			Change	Add tion
NAME			3 2 NA	MŁ.					
STREET ADDRESS			33.51	HEE !	ADDRESS				
CiTY-ST-ZiP			3.4.00	l¥ - S1	- ZIF'				
TITLE		DELF FE						Change	Addition
NAME			4.2 NA	ME					
STREET ACDRESS			43 SI	REE1 A	ADDRESS				
CITY-ST. ZIP			4.4 CI	TY - \$1	- 7:F			<u> </u>	
THILE		5 · TI	ΊĻF .		400001825016finge Addition -05/17/96-01001-029				
NAME			5.2 NA	ME -					
STREET AUDRESS			53 ST	HEET #	ADDRESS	***200.00			
CITY-ST-ZIP			5.4.0(n-81	- 216				
THILE		☐ DELETI	6 1 أا	Iιε			E	Change	e Addition
NAME			6.2 NA	WE	ļ			4	126
STREET ADDRESS			6381	HE: E	ADDRESS			A	
City-St-ZiP			640	Ii -SI	- Z-P			S	-1-46
									

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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 attachment with an address

SIGNATURE:

Michael No Marine of Soling Officer on DIRECTOR DISTRIBUTION CONTINUED NAME OF SOLING OFFICER ON DIRECTOR