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 # **P95000075775**1. Corporation Name

KENNETH P. LIROFF, D.D.S., P.A.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90147 017 ***150.00



N. W Add-							
Principal Place of Business Mailing Address							
201 S E 19 STREET 201 S E 19 STREET FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302				DO NOT WRITE IN THIS SPACE		S SPACE	
1					3. Date Incorporated or Qualifed	2 0, 7,00	
			_		09/28/1995	· 1 - 1 -	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	 	pplied For
21					65-0614767		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.	<u> </u>		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing		_May_Be
23 28				Trust Fund Contribution Added to Fees			
Zip			Count	try	8. This corporation owes the current year le		d**34.
24	25		30		Personal Property Tax.	Yes	≫ No
	9. Name and Address of Curre	ent Registered Agent	- 	No	10. Name and Address of New Registered	Agent	
1100	CE VENNETU P		1	31 Name			
LIROFF, KENNETH P				32 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
201 S E 19 STREET FT LAUDERDALE FL 33302			L				
FIL 		_	33		05 7	Codo	
			1	34 City	FI FI	L 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abo	ove-named co	rnoration submits this statement for the nurnose (of changing its	s registered
office or o	egistered agent, or both, in the Stat m familiar with, and accept the obli	ie of Florida. Such change was au	thorized t	ov the corpora	ation's board of directors. I hereby accept the appoint	ointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered a	cent and title if amplicable (NOTE I	Registered A	gent signature requ	ared when reinstating) DATE		
12.		AND DIRECTORS	13.	J J 2 040	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	LIROFF, KENNETH P		1.2 NAM	E			
STREET ADDRESS	201 S E 19 STREET		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33302		1	-ST-ZIP			
TITLE	THE WOODLEST TO WOOD	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME			2.2 NAM	E			
STREET ADDRESS			1	EET ADDRESS			,
				Y-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 TITL			☐ Change	Addition
NAME			3.2 NAM	~			
				EET ADDRESS			
STREET ADORESS			1	Y-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL			Change	Addition
1			4. 2 NA			_ •	
NAME				-			
STREET ADDRESS	1			EET ADDRESS			
CiTY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL	-ST-ZIP		☐ Change	Addition
TITLE			5.1 HRL			_ 5.101.95	٠,١٥٠٠٠١١
NAME							
STREET ADDRESS			4	EET ADDRESS			
CITY-ST-ZIP		Floritte	6.1 TITL	/-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE				□ Criange	☐ ¥ūoiiion
NAME			62 NAM				
STREET ADDRESS			4	EET ADDRESS			
CITY CT 7ID			6.4 CITY	-ST-ZIP			

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 odes, the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 index outs; that I am an important in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 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 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 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 indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if made indicated on the same legal effect as if m

SIGNATURE:

NATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR

Liroff

954-527-0600 Daytime Phone #

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