**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000025382

1. Corporation Name

DAVID KATZ, D.D.S., P.A.

						<b>66</b>   <b>6</b>   10   10   10   10   10   10   10   1	
Principal Place	e of Business	Mailing Address		T INDIVIDUAL TIES COLOR OR STATE CONTRACTOR OF THE COLOR	######################################		
6215 N.W. 24TH STREET BOCA RATON FL 33434		6215 N.W. 24TH STREET BOCA RATON FL 33434		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/18/1996		
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For	
21		26			65-0659230	Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes 🛣 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
LAT	7 DAMO		1	81 Name	•		
KATZ, DAVID ORV 6215 N.W. 24TH STREET			la la	B2 Street	Street Address (P.O. Box Number is Not Acceptable)		
			L	A Company of the property and the second of the property of the second of th			
BOC	CA RATON FL 33434	·		83	<b>中国共和国国际</b>		
oner tree is	سه د مور م	5 x5.		84 City		FL 85 Zip Codé	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	as authorized l	by the como	corporation submits this statement for the purpor oration's board of directors. I hereby accept the a	e of changing its registered ippointment as registered	
SIGNATURE					pequired when reinstating) DA	re	
	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: Registered A	gent signature re	required when reinstating) IDA  ADDITIONS/CHANGES TO OFFICER		
12.	PTS	DELET		F 1	ADDITIONS OF TAXABLE TO STATE OF	☐ Change ☐ Add	
TITLE	KATZ, DAVID DDS	_ J	1.2 NAW				
NAME	6215 NW 24 ST			EET ADDRESS	,	•	
STREET ADDRESS	BOCA RATON FL			Y-ST-ZIP			
CITY-ST-ZIP	BOOK HATON TE	☐ DELET				☐ Change ☐ Ado	
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STREET ADDRESS	E Badtilla and a		0.0010			17.77~18.55年前"結婚權"	

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 attachment with an address, with all other like empowered.

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4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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DELETE

SIGNATURE:

CITY-ST-ZIP

NAME ...

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Feb 01, 1999 8:00 am

**Secretary of State** 

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