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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063275 (7)

PATRICIA R. BERNSTEIN, D.P.M., P.A.

FILED May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address							
STE. 8, 1403 DUNN AVE. STE. 8, 1403 DUNN A									
JACKSONVILI	LE FL 32218	JACKSONVILLE F	JACKSONVILLE FL 32218			DO NOT WRITE IN THIS	00405		
							SPACE		
						 Date Incorporated or Qualified 07/29/1996 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I A	pplied For	
21	act of the second	26				59-3394927		lot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional	
22	,,,	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired		Required	
City & State	<u> </u>		City & State			6. Election Campaign Financing			
23	•	<u>-</u>	28			Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
Zip	Country	Zip	Co	untry	;	8. This corporation owes or has paid the cu			
24	25	29	30					□ No	
24	9. Name and Address of Curr		30	Т		10. Name and Address of New Registered			
CII	INGS, INC.			81	Name			~	
3732 NW 16TH ST.									
			82 Street Address (P.O. Box Number is Not Acceptable)						
r:	. LAUDERDALE FL 33311			83					
				83				l	
				84	City		85 Zip	Code	
					<u> </u>	FL			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the a	bove	e-named co	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing	its registered	
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0	505, Florida Sta	itules	3.	matter a board or directors. The easy decoupt the ap	Jon Million Co.	o (eg/oto/co	
SIGNATURE								1	
Oldinatoric	Signature, typed or printed name of registered	agoni and the if applicable			ını signature re	quired when reinstaling) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DEL	ETE . 1.1 1	ITLE				Addition	
NAME	BERNSTEIN, PATRICIA R		121	IAME					
STREET ADDRESS	STE. 8, 1403 DUNN AVE.		1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 0	OITY-S	IT-ZIP				
TITLE	D	DEL	LETE 2.1 TITL				Change	☐ Addition	
NAME	BERNSTEIN, GEORGIA M		2.21	2.2 NAME					
STREET ADDRESS	STE. 8, 1403 DUNN AVE.		231		ADDRESS	•		i	
CITY-ST-ZIP	JACKSONVILLE FL 32218			2. 4 CITY - ST - ZIP				ļ	
TITLE				ITLE	~~~		Change	Addition	
NAME			I	IAME				-	
					ADDRESS			ļ	
STREET ADDRESS					ST-ZIP			į	
CITY-ST-ZIP		DEL		ITLE	51- ZIF		Change	Addition	
TITLE		L. OLL					Shungo		
NAME			· ·	NAME				[
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T ori		CITY-S	T-ZIP		Observe	1 delition	
TITLE		☐ DĒL		ITLE			L Change	☐ Addition	
NAME				IAME				ļ	
STREET ADDRESS			5.3 5	STREET	ADDRESS			l	
CITY-ST-ZIP				OITY-S	ıı - ZIP				
TITLE		☐ DEL	ETE 6.11	ITLE			Change	☐ Addition	
NAME	•		6.21	IAME				l	
STREET ADDRESS	. 6		6.3 5	STREET	ADDRESS			l	
CITY-ST-ZIP			641	OITY-S	_{iT-ZiP}			Į	
34 16		1 N. 1 - 24				Lie Coetian 110 07/9/i) Floride Statutes I further a	musik i dia na dia	a latermetica	

4. 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.

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11/20/91