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 # P96000072847 (2)

TAL MORR, D.M.D., P.A.

FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
1313 NE 1257	TH ST.	1313 N.E. 125TH STREET			
NORTH MIAM	I FL 33161	NORTH MIAMI FL 33161	NORTH MIAMI FL 33161		DO NOT WRITE IN THIS SPACE
U\$					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					1
2. Principal P	ace of Business	2a. Mailing Address			08/29/1996 4. FEI Number Applied For
21		26 1765 WEEPING WILLOW		TTI LAL	1. (pp.100 1 s)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		WAY	— \$9.75 Additional
22		27		40.747	5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28 HOLLYWOOD	IFL.		Trust Fund Contribution
Zip	Country	Zp	Country		8. This corporation owes or has paid the current year Intangible
24	25	29 3 3019 3	0		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
J	RR, TAL DMD		81 N	lame	
1	3 N.E. 125TH STREET		82 S		ess (P.O. Box Number is Not Acceptable)
NORTH MIAMI FL 33161			83	1765	WEERING WILLOW WAY
			83		
			84 C	ity	85 Zip Code
14 5	007.0500	1007 4500 50 14 004	1 1	HOLL	LYWOOD FL S Zip Code 32019
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered agen	and this if population ANOTE: 5	Pagistared Amont of	continue required	od when refrisiating) DATE
12,	OFFICERS AND		13.	gridate required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	DELETE .	1.1 YITLE		Change ☐ Addition
NAME	MORR, TAL		1.2 NAME		•
STREET ADDRESS	8770 S.W. EIGHTH STREET		1.3 STREET ADD	RESS 176	is weeping willow way
CITY-ST-ZIP	PLANTATION FL 33324	_	1.4 CITY-ST-ZI	P MO	65 WEEPING WILLOW WAY OLLYWOOD, FL 33019
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	MORR, TAL	-	2.2 NAME	J	
STREET ADDRESS	8770 S.W. EIGHTH STREET		2.3 STREET ADD	RESS	
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY - ST - Z	iP .	
TITLE		☐ DELETE	3.1 TITLE	i	Change Addition
NAME			3.2 NAME	ĺ	
STREET ADDRESS			3.3 STREET ADD	RESS	
CITY-ST-ZIP			3.4. CITY-ST-Z	IP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADD	RESS	
CITY-ST-ZIP			4.4 CITY-ST-ZI	Р	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	[
STREET ADDRESS			5.3 STREET ADD		
CITY-ST-ZIP		Lociere	5.4 CITY-ST-ZI	P	Change Addition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADD		
CITY-ST-ZIP	ertify that the information exampled with	h this filing does not qualify for t	6.4 CITY-ST-ZI		Section 119,07(3)(f), Florida Statutes. I further certify that the information
indicated	on this annual report or supplemental	annual report is true and accur	ate and that n	ny signature	e shall have the same legal effect as if made under oath; that I am an

included on this amount report of supplemental amounts for an accurate and that his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an accidence.