

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 # P96000097734 ✓

1. Corporation Name

STEFAN S. ASSAM DDS PA

93 SEP 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-06-1999 90003 026 ***150.00
P96000097734

Principal Place of Business Mailing Address
4141 N.W. 5TH ST. 4141 N.W. 5TH ST.
SUITE 102 SUITE 102
PLANTATION, FL 33317 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/96

4. FEI Number

65-05827480

Approved

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Payment

6. Election Campaign Financing

\$5.00 Additional

Fee Payment

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

STEFAN S. ASSAM
500 S.W. 167 AVE.
FT. LAUD., FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

DELETE

1. NAME

2. ADDRESS

3. CITY-STATE-ZIP

4. PHONE

5. TITLE

6. DATE

7. SIGNATURE

8. FULL ADDRESS

9. CITY-STATE-ZIP

10. PHONE

11. TITLE

12. DATE

13. SIGNATURE

14. FULL ADDRESS

15. CITY-STATE-ZIP

16. PHONE

17. TITLE

18. DATE

19. SIGNATURE

20. FULL ADDRESS

21. CITY-STATE-ZIP

22. PHONE

23. TITLE

24. DATE

25. SIGNATURE

26. FULL ADDRESS

27. CITY-STATE-ZIP

28. PHONE

29. TITLE

30. DATE

31. SIGNATURE

32. FULL ADDRESS

33. CITY-STATE-ZIP

34. PHONE

35. TITLE

36. DATE

37. SIGNATURE

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

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2.4 CITY-STATE-ZIP

3.1 TITLE

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5.3 STREET ADDRESS

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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-STATE-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-STATE-ZIP

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Change

Amend

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SIGNATURE:

STEFAN S. ASSAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRO. 6/10/99

DATE

DATE

DATE

DATE

DATE

DATE

DATE

Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

STEVEN M. STAMPLER, C.P.A., P.A.
915 N. Northlake Drive • Hollywood, FL 33019
Tel 954.923.9176 Fax 954.923.6309

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August 7, 1999

Florida Department of State
Tallahassee, Florida

Re: Stefan S. Assam DDS PA
1999 Corporation Annual Report
Ref. #P96000097734

To Whom It May Concern,

We are in receipt of your notice dated July 7, 1999 showing a balance due on the account of \$400.00 representing a fee for filing the report late. The 1999 corporate annual report was originally filed by the taxpayer in March, 1999. The taxpayers check was never cashed and obviously the report itself was also lost in the mail. A copy of the original report was resent on June 10, 1999 with a check in the amount of \$150.00 to replace the check that was lost. Since the report was filed timely in March, 1999 and lost in the mail, could you please abate the penalty due as this situation was beyond the taxpayers control. Thank you for your kind consideration in this matter.

Very Truly Yours,

Steven M. Stampler
Steven M. Stampler CPA