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

PROFIT
CORPORATION
ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000102121 (6)

CHARLES F. MOHAUPT, D.D.S., P.A.

Country

MOHAUPT, CHARLES F

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address

1825 FOREST HILL BLVD 1825 FOREST HILL BLVD
SUITE 201 SUITE 201
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406

26

29

2a, Mailing Address

City & State

Suite, Apt. #, etc.

## FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 12/17/1996

65-0714207

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

SUITE 201			일 8	Street A	iddress (P.O. Box Numbe	r is Not Acceptable)		**
*****			<del>i -</del>		<del></del>	<del></del>	<del></del>	<del></del>
***	ST PALM BEACH FL 33400							<u> </u>
		84		City		···	FL 🗀	p 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 title if explicable. (NOTE, Registered Ag					reculred when reinstation)	DA	TE	
12.	OFFICERS AND DIRECTORS 13.			gratata		ANGES TO OFFICERS		DRS IN 12
TITLE		1.1 TITLE			President	<u> </u>	Change	
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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 attactment with an address.								

Country

81 Name