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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000005433

1. Corporation Name

Principal Plac	INE ISLAND ROAD	Mailing Address 4229 NORTH PINE	····					
SUNRISE FL 33351 SUNRISE FL 33351						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
A D : .:		O - Atailine Address				01/17/1997 4. FEI Number App	ied For	
2. Principal Place of Business 2a. Mailing Addre			S			"	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, e	tc			\$8.75 A		
ouite, Apr.	т, сто.	27				5. Certificate of Status Desired Fee Rec		
City & S at	e	City & State		-		6, Election Campaign Financing _ \$5.00 h	lav Be	
23		28				Trust Fund Contribution Added to	•	
Zip	Country 25	Zip 29	Coun 30		,	8. This ecrporation owes the current year intangible Personal Property Tax.	No	
	9. Name and Address of Curr			Ĭ		10. Name and Address of New Registered Agent		
				81	Name			
JAFFE, PHILIP D.D.S. 4229 NORTH PINE ISLAND ROAD SUNRISE FL 33351				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
					L			
				83				
				84	City	85 Zip C	ode	
office crr agent. La SIGNATURE	registered agent, or bo h, in the Starm familiar with, and accept the obling familiar with and accept the obling signature, typed or printed has no of registered a	igations of, Section 607.05	us, Fiorida Sta	tutes	i. 	red when reinistating) reporation submits this statement for the purpose of changing its retion's board of cirectors. I hereby accept the appointment as reg	stered	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PCE0	☐ DELETE 1.3		1.1 TITLE 1.2 NAME		☐ Change	☐ Addition	
NAME	JAFFE, PHILLIP DR. DD							
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE				2.1 TITLE		Change	Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP				CITY-S TTLE	ST-ZIP	Change	☐ Addition	
TITLE		C DEL		NAME		_ ondings		
NAME STREET ADDRESS					T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			34 C					
TITLE				TILE		☐ Change	Addition	
NAME			4.21	NAME				
STREET ADDRESS			4.3 8	TREE	TADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DEL				☐ Change	☐ Addition	
NAME				IAME	T 4 DDDCCC			
STREET ADDRESS					T ADDRESS			
CITY_ST_7IP	i		■ 5.4 0	CITY-S	1-ZIP			

14. I hereby certify that the information supplied with this filling 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 trastee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or on an attachment with any address, with all other like empowered.

61 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90115 018 ***150.00