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

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

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12,

TITLE

TREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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NAME

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NAME STREET ADDRESS

1717-17-2P

TITLE .

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FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

81

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Howard (NOTE: Registered Appro

1.2 NAME

2.1 TITLE 2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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1.4 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.4. CITY+ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

DOCUMENT # P97000076507 (7)

THE SNORE & SLEEP DISORDER CENTER INC.

Country

9. Name and Address of Current Registered Agent

President, Secretary, treasurer E Howard J. Hoffman DDS 19072 NB 29 AVE

Aventura, Fi 33180

25

BONNER, R. LAWRENCE 100 SE 2ND STREET SUITE 3400

MIAMI FL 33131

Principal Place of Business Mailing Address 100 SE 2ND STREET SUITE 3400 100 SE 2ND STREET SUITE 3400 MIAMI FL 33131 MIAMI FL 33131

2a. Mailing Address

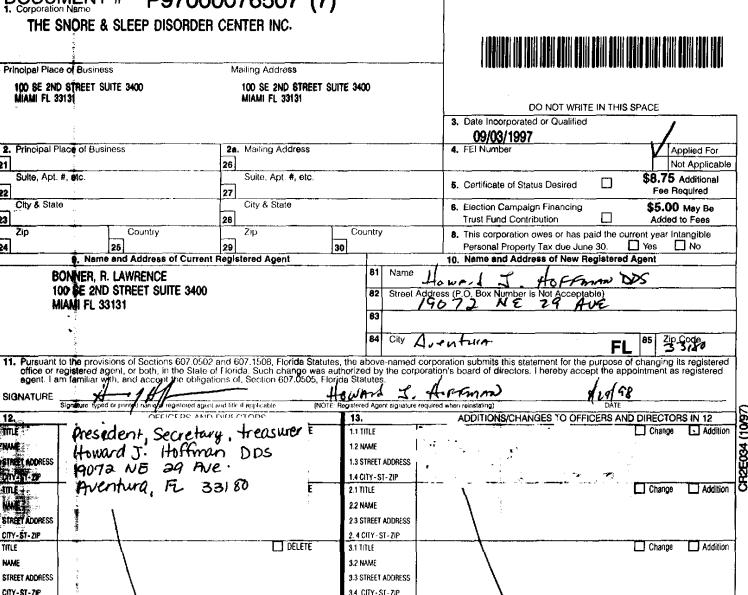
City & State

Zip

29

Suite, Apt. #, etc.

FILED May 28 1998 8:00am Secretary of State



6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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 it 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 applyiment with an address.

SIGNATURE:

Howard J. Horam

28/98

Jost-933.3010

Change

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Addition

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