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

FILED Mar 09 1998 8:00am Secretary of State

1	MENT # \$4826 A. COWAN, D.D.S., P.A.	66 (8)			
Principal Plac	e of Business	Mailing Address		- I KERIYOTE ITI GICEN IBITE ITIDIR BITICE BIRL BIL	III GADAI BIARK DADAI DADAI BARIK IBAR
SOI GOLDEN ISLES DR 501 GOLDEN ISLES DE]	
SUITE 202 HALLANDALE FL 33009		SUITE 202			
		HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a, Mailing Address		04/25/1991 4. FEI Number	Applied For
21		26		65-0312447	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			eo 75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	7 _(p)	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
	OWAN, MARC A		81 Name		
501 GOLDEN ISLES DR			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 202			83	1111	
HA	ILLANDALE FL 33009		63		
			84 City	71 71 71 71 71 71 71 71 71 71 71 71 71 7	FL 85 Zip Code
44 Pursuant	to the provisions of Spotians 607 00	02 and 607 1609 Florido Status	the above named ear	parating automits this statement for the number	
office or a agent. I a	registered agent, or both, in the State im familiar with, and record this oblig Ministers bring to profess received in a professed in	C,	authorized by the corporal orida Statules. 1. Registered Againt signature requi		e appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DETE LE	1.1 TITLE		Change Addition
NAME	COWAN, MARC A		1.2 NAME		
STREET ADDRESS	501 GOLDEN ISLES DR #20)2	13 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ bereit	3.1 TIPLE		FT Plianão FT Mantiali
NAME CYCCY ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		El Maria	4.2 NAME		band overige that the strong
STREET ADORESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 City-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filting 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 suppliemental 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 of tostee 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 attachment with an address.

SIGNATURE:

//m. //

3.2.58