


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 AUG -8 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J23744**

(2)

1. Corporation Name

CURT J. URBAN, D.D.S., P.A.



Principal Place of Business BAY STREET SQUARE, 14000 US HWY #1 SEBASTIAN FL 32958-3297 US	Mailing Address BAY STREET SQUARE, 14000 US HWY #1 SEBASTIAN FL 32958-3297 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1986		3a. Date of Last Report 04/25/1996	
4. FEI Number 59-2692404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**NASH, CHARLES IAN
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901**

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 title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, CURT J.	1.2 NAME	
STREET ADDRESS	739 E. TAMARIND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

Curt J. Urban, D.D.S.

08/04/97 (561) 580-3127

CR2E034 (4/97)

CURT J. URBAN, D.D.S.

Bay Street Square
14000 U.S. Hwy. #1
Sebastian, Florida 32958
(561) 589-3127

pg. 2 of 2

August 4, 1997

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

This letter is the requested follow-up to the telephone conversation my wife, Carol, had with Debbie, a representative of the Department of State, on Tuesday, July 29, 1997. This concerns my 1997 Profit Corporation Annual Report Packet.

This year, I did not receive the First Notice of the 1997 Profit Corporation Annual Report Packet---I only received the 2nd Notice of the 1997 Profit Corporation Annual Report Packet. Because I never received the First Notice of the above-mentioned Packet, I was not aware of anything being due to any governmental agency.

Since my date of incorporation in 1986, I have always received a First Notice of the above-mentioned Packet, and I submitted it on time with my payment.

Please review my payment history with your agency, along with this letter explaining about me not receiving the First Notice of the 1997 Profit Corporation Annual Report Packet, and my payment, Check #6829, in the amount of \$165.00, that is enclosed to cover the Filing Fee for the 1997 Profit Corporation Annual Report, for your final determination in deciding whether or not this situation necessitates me to be required to send in the additional "late fee" amount.

Please advise me as to the status of this entire matter at your earliest convenience.

Best Regards,

Curt J. Urban

Curt J. Urban, D.D.S.

CJU/cu

Enclosures