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**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## **FILED** Jul 26, 1999 8:00 am Secretary of State

Daytime Phone #

|   | 1999   |   |                                      | DIVISION O                    | F CORPORA  | ATIONS   | 07-26-1999 9000  | 3 040 **   | **550.00                                      | )   |
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| •   | adows Denta  | l Associate   | es. P                                | .A.                           |  |  |  |  |   |   |
|   |  |   | , -                                  |                               |  |  |  |  |   |   |
| Principal Place   | e of Business  |   | Mailin                               | g Address                     | <del></del>  |  | _  |  |   |   |
|   | 37 Ringwood  |   | 139                                  | N. Dal                        | e Mabry  | 7 Hwy  |  |  |   |   |
| Sar   | asota, Flor  | rida 34235  |                                      | One                           | 1- 2261  | 1.0  | DO NOT WRITE   | IN THIS S  | SPACE   |   |
|   |  |   | Tam                                  | pa, flori                     | ga 3363  | L8   | 3. Date Incorporated or Qualifed   |  |   |   |
|   |  |   |                                      |                               |  |  | 04/01/88   |  |   |   |
| 2. Principal P  | lace of Business   |   | $\vdash$                             | ailing Address                |  | _  | 4. FEI Number  |  | <u> </u>                                      | pplied For                                    |
| 21)   | # 010  |   | 26                                   | ite, Apt. #, etc.             |  |  | 65-0035352   |  |   | ot Applicable                                 |
| Suite, Apt.   | #, etc.  |   | 27                                   | пе, Арг. н, екс.              |  |  | 5. Certifcate of Status Desired [  | $\supset$  |   | Additional<br>equired                         |
| City & State  | e  |   | +                                    | ty & State                    |  |  | 6. Election Campaign Financing   |  | \$5.00  | May Be  |
| 23  |  |   | 28                                   |                               |  |  | Trust Fund Contribution  | <u> </u>   |   | to Fees                                       |
| Zip   |  | intry   | Zip                                  | , – —                         | Coun   | try  | 8. This corporation owes the current   | -  |   | <b>-</b>                                      |
| 4   | 25   | dress of Current F  | 29                                   |                               | 30   |  | Personal Property Tax.  10. Name and Address of New Reg                                  |  | X Yes   | □No   |
|   |  |   | Registere                            | a Agent                       | <del></del>  | 31 Name  | 10. Name and Address of New Reg  | istered A  | AAIII   |   |
|   | lter Sanders   |   | T (                                  | C+-                           | -  |  | (2.0.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.  | ,  |   |   |
|   | 910 North Da<br>mpa, Florida   |   | iwy :                                | Ste One                       | ['   | Street Add   | ress (P.O. Box Number is Not Acceptable  | <del>)</del>                                       |   |   |
| Lau,  | ipa, riorida   | 1 22010   |                                      |                               | ļ.   | B3   |  |  |   |   |
|   |  |   |                                      |                               | I  | 1  |  |  |   | ·   |
|   |  |   |                                      |                               | <u> </u>   | B4 City  |  |  | 85 Zip  | Code  |
|   | to the provisions of S<br>registered agent, or b<br>m familiar with, and                                       | Sections 607,0502 a oth in the State of accept the obligation | and 607.1<br>Florida. S<br>ns of, Se |                               | tutes, the abo<br>authorized l<br>lorida Statut  |  | poration submits this statement for the purion's board of directors. I hereby accept the | FL<br>rpose of c<br>ne appoint                     | '   | Code<br>s registered<br>egistered             |
| 11. Pursuant I<br>office or re<br>agent. I ar<br>SIGNATURE  | to the provisions of Segistered agent, or both familiar with and Signature, typed or printed of the segisters. | me of registered agent ar                                     | nd title if app                      | Micable. (NC                  | tutes, the abo<br>authorized<br>Florida Statut<br>alter S  | ove-named corporations.  | od when reinstating)   | rpose of cone appoint  /99  DATE                   | hanging its<br>tment as re                    | s registered<br>egistered                     |
| 11. Pursuant foffice or reagent. I ar SIGNATURE   | Signature, typed or printed in   | of registered agent ar<br>OFFICERS AND                        | nd title if app                      | Micable. (NC                  | tutes, the above authorized life in Statut alter S   | by the corporation of the corpor | 07/15  | pose of cone appoint  /99  DATE  ERS AND           | hanging its<br>tment as re                    | s registered<br>egistered                     |
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Mary I. Porter