

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 11 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L61748** (4)

1. Corporation Name

**JOHN J. MORGAN, D.D.S., P.A.**

Principal Place of Business

Mailing Address

DBA THE SMILE EMPORIUM  
8800 SE COLONY ST.  
HOBE SOUND FL 33455

DBA THE SMILE EMPORIUM  
8800 SE COLONY ST.  
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

03/26/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0185697

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21 901 U.S. 27 N.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 60

Suite, Apt. #, etc.

27

City & State

23 SEARING, FL

City & State

28

Zip

24 33870

Country

25 HIGHLANDS

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DONAHAY, MARIANNE  
131 SUNSET DRIVE  
STE. 48  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name

FRED YORLOFF

82 Street Address (P.O. Box Number is Not Acceptable)

6287 WINDLASS CIRCLE

83

84 City

BOYTON BEACH

FL

85 Zip Code

33437

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

*Fred Yorloff*

(Signature, typed or printed name of registered agent, and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORGAN, JOHN J.
STREET ADDRESS	8800 SE COLONY ST.
CITY - ST - ZIP	HOBE SOUND FL
TITLE	V
NAME	VALLANA, MARIA T
STREET ADDRESS	131 SUNSET DRIVE
CITY - ST - ZIP	LAKE PLACID FL
TITLE	ST
NAME	MORGAN, KARIN
STREET ADDRESS	8800 SE COLONY ST.
CITY - ST - ZIP	HOBE SOUND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORGAN, JOHN J., JR.
2.3 STREET ADDRESS	8681 WINDY CIRCLE
2.4 CITY - ST - ZIP	BOYTON BEACH, FL 33437
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 in its attachment with an address.

SIGNATURE:

*John J. Morgan*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/25/95

Date

(20) 471-7176