

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

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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L61748 (4)

1. Corporation Name
JOHN J. MORGAN, D.D.S., P.A.



Principal Place of Business 90 US 27 N SUITE 60 SEBRING FL 33870 US	Mailing Address DBA THE SMILE EMPORIUM 8800 SE COLONY ST. HOBE SOUND FL 33455-4408
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3. Date Incorporated or Qualified 03/26/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 901 US 27 No. Suite, Apt. # etc. 22 SUITE 60 City & State 23 Sebring FL Zip Country 24 33870 25 US	2a. Mailing Address 26 DBA The Smile Emporium Suite, Apt. #, etc. 27 901 US 27 No. STE. 60 City & State 28 Sebring FL Zip Country 29 33870 30 US
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4. FEI Number 65-0185697	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRED YORLOFF
6287 WINDLASS CIRCLE
STE. 46
BOYNTON BEACH FL 33437**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORGAN, JOHN J.	
STREET ADDRESS	8800 SE COLONY ST.	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, JOHN J J	
STREET ADDRESS	8681 WINDY CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORGAN, KARIN	
STREET ADDRESS	8800 SE COLONY ST.	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORGAN, JOHN J.	
1.3 STREET ADDRESS	1224 SW LAKEVIEW DR.	
1.4 CITY - ST - ZIP	SEBRING, FL 33870	
2.1 TITLE	MORGAN, JOHN J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORGAN, JOHN J.	
2.3 STREET ADDRESS	1224 SW LAKEVIEW DR.	
2.4 CITY - ST - ZIP	SEBRING, FL 33870	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORGAN, KARIN	
3.3 STREET ADDRESS	1224 SW LAKEVIEW DR.	
3.4 CITY - ST - ZIP	SEBRING, FL 33870	
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 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 appointment with an address.

SIGNATURE: John J. Morgan, President Date: 1/15/97 Daytime Phone #: 941-471-1176

CR2E034 (9/96)