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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L67872

(6)

FILED Feb 13 1998 8:00am Secretary of State

Î CHARI	LES A. SARLO JR., D.D.S.,	P.A.						
Principal Place of Business Mailing Address						- I SANTIANI OLD BLULL SOUND I DULL HAND 1984 9181, 9	1811 B1811 81811 8	IJII 81611 ijii
% CAROLYN SARLO 5201 BABCOCK ST. NE. SUITE 6 PALM BAY FL 32905-4637		% CAROLYN SARLO 5201 BABCOCK ST. NE. SUITE 6 PALM BAY FL 32905-4637				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						04/17/1990		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3013042		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & Stat	io.	City & State				4 Florida Committee Florida		lequired
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the o		
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Currer	it Registered Agent		81		10. Name and Address of New Registere	d Agent	
SARLO, CAROLYN					Name			
1115 DALLAM AVENUE NW				82	Street Add	iress (P.O. Box Number is Not Acceptable)		
P/	ALM BAY FL 32907							
				В3		•		
				84	City	F	85 Zip	Code
64 Dureupht	to the provinces of Sections 607.050	2 and CO7 1509 Florida Pial	ulon the e	howo	normed per			ite registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was ations of, Section 607.0505, I	s authorize Florida Stat	d by lutes	the corporal	poration submits this statemen; for the purpose tion's board of directors. I hereby accept the ap	ppointment a	s registered
SIGNATURE	Signature, typed or printed harve of registered agr	nt and title if applicable (Ni	Off Registers	d Ager	nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DV	DILETE	1.1 7	TLE	- 1		☐ Change	☐ Addition
NAME	SARLO, CAROLYN F.		1.2 N	AME				
STREET ADDRESS	1115 DALLAM AVENUE NW		1.3 ST	THEET	ADDRESS			
CITY-ST-ZIP	PALM BAY FL	Doctor		11Y-S1	·ZIP		Channe	T Laboration
TiTLE	, -	DP DELETE		2.1 TITLE 2.2 NAME			☐ Change	Addition
NAME CYDEET 4000555	SARLO, CHARLES A., JR. 1115 DALLAM AVENUE NW				4000000			
STREET ADDRESS	PALM BAY FL			INTERA INV-SI	ADDRESS			
CITY-ST-ZIP TITLE	THEM BATTE	DELETE	31 II		F - 21F		Change	Addition
NAME			3.2 N/					
STREET ADDRESS			3.3 ST	TREET A	ADDRESS			
CITY-ST-ZIP				ITY-S1	1			
TITLE		DELETE	4111				Change	Addition
NAME			4. 2 N	IAME.				
STREET ADDRESS			4.3 ST	TREET A	ADDRESS			
CITY-ST-21P		· · · · · · · · · · · · · · · · · · ·	4.4 CI	ITY - ST	- ZIP		<u> </u>	
TITLE		DELETE	5.1 TI			/	Change Change	Addition
NAME			52 N/		1	/1/	201	′ ≀⊃
STREET ADDRESS					ADDRESS	1/1	() \(\sigma \) [13
CITY-ST-ZIP		Decem		TY-ST	- ZiP	16	<u>/ / / </u>	T Annual C
TITLE		☐ DELETE	6.1 1/		1	6000024308	L Change	Addition
NAME			6.2 NA			6000024308 -02/16/98010090	135	
STREET ADDRESS					ADDRESS	***150.00	_	
CITY-ST-ZIP			6.4 CI	TY-ST	· ZIP	0 110 00/01/0 51 11 11 11		- -

14. Thereby certify that the information supplied with this filling 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, over an attachment with an address.

CIGNATURE.

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