

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT, 1998



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

DOCUMENT # N94000005918 (7)

1. Corporation Name
 CHILDRENS DENTAL ARCADE FOUNDATION INC.



Principal Place of Business
 2328 10TH AVE N
 2-C
 LAKEWORTH FL 33461
 US

Mailing Address
 2328 10TH AVE N
 2-C
 LAKEWORTH FL 33461
 US

3. Date Incorporated or Qualified
 12/02/1994

4. FEI Number
 65-0538060

Applied For
 Not Applicable

2. Principal Place of Business
 21 515 N. Flagler DR
 Suite, Apt. #, etc.
 # 300 - P
 City & State
 West Palm Beach FL
 Zip
 33401 Country
 US

2a. Mailing Address
 26 515 N. Flagler DR
 Suite, Apt. #, etc.
 # 300 - P
 City & State
 West Palm Beach FL
 Zip
 33401 Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CORPORATE CREATIONS ENTERPRISES INC
 4521 PGA BLVD SUITE 211
 PALM BEACH GARDENS FL 33418

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	QUICK, JAMES R 2328 10TH AVE N STE 203 LAKEWORTH FL	1.1 TITLE Quick, James R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BROWNING-HECHT, DEBRA 2328 10TH AVE N STE 203 LAKEWORTH FL	2.1 TITLE Clarich, Kathy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	QUICK, SHARON 2328 10TH AVE N STE 203 LAKE WORTH FL	3.1 TITLE Nicole Caputo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Clarich* 7-17-98 561-582-0252

CR2E037 (5/98)