

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000040313 (6)

1. Corporation Name

DENTAL TECHNIQUE OF WEST FLORIDA, INC.



Principal Place of Business
**10923 70TH AVE N
SEMINOLE FL 34642
US**

Mailing Address
**13057 PARK BLVD
SEMINOLE FL 34642
US**

3. Date Incorporated or Qualified **05/25/1994** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3253142** 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 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 **10923 70TH AVEN**
27 Suite, Apt. #, etc.
28 **SEMINOLE, FL**
29 Zip Country
30 **34642 US**

9. Name and Address of Current Registered Agent

**MAGLI, NICHOLAS
10923 70TH AVE N
SEMINOLE FL 34642**

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 607.1506, 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

Signature, typed or printed name of registered agent and the date.

(NOTE: Registered Agent's name, address and date.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAGLI, NICHOLAS	
STREET ADDRESS	9767 122ND WAY N	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MAGLI, SUSAN E	
STREET ADDRESS	9767 122ND WAY N	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAGLI, ANTHONY	
STREET ADDRESS	% 13057 PARK BLVD	
CITY-ST-ZIP	SEMINOLE FL 34642	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10923 70TH AVEN
1.4 CITY-ST-ZIP	SEMINOLE FL 34642
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10923 70TH AVEN
2.4 CITY-ST-ZIP	SEMINOLE FL 34642
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10923 70TH AVEN
3.4 CITY-ST-ZIP	SEMINOLE FL 34642
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and its 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS MAGLI 3/27/96 813-391-3737

CR2E034 (12/95)