

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000019321 (3)
 1. Corporation Name
DENTCOR, INC.

Principal Place of Business 1621 CARIBBEAN DRIVE SARASOTA FL 34231	Mailing Address 1621 CARIBBEAN DRIVE SARASOTA FL 34231
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 721 NE Lakeview Terrace Suite, Apt. #, etc. 22 Boca Raton, FL City & State 23 33431 Zip 24 USA Country	2a. Mailing Address 26 721 NE Lakeview Terrace Suite, Apt. #, etc. 27 Boca Raton, FL City & State 28 33431 Zip 29 USA Country
---	--

3. Date Incorporated or Qualified 02/25/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0737516	
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WOOLF, JARED W
1621 CARIBBEAN DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name DAVID A. WILLENS
82 Street Address (P.O. Box Number is Not Acceptable) 721 NE LAKEVIEW TERRACE
83
84 City BOCA RATON
85 Zip Code FL 33431

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 in Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-31-98**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILLENS, DAVID A
STREET ADDRESS	3901 S OCEAN DR APT. 18U
CITY-ST-ZIP	HOLLYWOOD FL 33018
TITLE	D <input type="checkbox"/> DELETE
NAME	WOOLF, JARED W
STREET ADDRESS	1621 CARIBBEAN DRIVE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILLENS, DAVID A.
13 STREET ADDRESS	721 NE LAKEVIEW TERRACE
14 CITY-ST-ZIP	BOCA RATON, FL 33431
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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]* DATE: **3-31-98** **5614173220**

CR2E034 (10/97)