FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90055 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000002179 DENT MAGIC P.D.R., INC.

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Principal Place	e of Business	Mailing Address					•	***********			· · · · · · · · · · · · · · · · · · ·		
1123 SEMINOLE DRIVE 1123 SEMINOLE DRIVE													
INDIAN HARBO	UR BEACH FL 32937	INDIAN HARBOUR BEACH FL 32937					DO NOT WRITE IN THIS SPACE						
							3 Date In		d or Qualifed				7
· ·						l		7/1998		-			1
2 Oringinal P	ace of Business	2a. Mailing Address					4. FEI Number Applied For						┪
- `	ace of business	26					59-3495909				 	ot Applicable	7
21 Suite, A ₁ 4.	# etc		Suite, Apt. #, etc.								\$8.75	Additional	7
22	, 5.5.	27					5. Certificate of Status Desired Fee Required					equired	
- City & S'at	e	City & State											7.
23		28					Trust Fund Contribution Added to Fees						
Zip	Country	Zip Country					8. This corporation owes the current year Intangible						
24	25	29 30					Personal Property Tax.					[∄No	╣
<u> </u>	9. Name and Add ess of Curren	Registered Agent		81	Name		10. Name	and Addr	ess of New	Registere	Agent		-
TED	ry, alitia			"	Mailie								
I .	S SEMINOLE DRIVE		B2 Street Addi			Addres	ress (P.O. Box Number Is Not Acceptable)						
	AN HARBOUR BEACH FL 32937												┪
				в3									_
				84	City					F	85 Zip	C-xde	
11. Pursua t	to the provisions of Sections 607,050	boys	named.	ccrpor	ation submi	s_this_state	ement for the	purpose	of changing it	s.ragistered	.]		
office or n	egistered agent, or both, in the State	of Florida, Such change was tions of, Section 607,0505, F.	authorize urida Stat	d by utes	the corpo	ore tion	s board of o	irectors.	hereby acce	opt the app	ointment as re	eg stered	1
11. Pursua it to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.													
SIGNATURE	Agen	t signature ri	dr Lad A	hen reinstating)			DATE			- €			
12.	OFFICERS AND DIRECTORS		13.					NS/CHAP	IGES TO O	FFICERS	NO DIRECTO	ATAddition	- %
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I nerroy certify that the information supplied with this timing does not quality for the exemption season in Section 139.07(3)(i). Floridad Statutes, indicated in distribution 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 with director of the corporation or the receiver of 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, with all other like empowered.