

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90141 018 ***150.00

1999 DOCUMENT # P98000028139 DENT MAN, INC. Principal Place of Business Mailing Address 3234 HYDE PARK OR. 3234 HYDE PARK DR. CLEARWATER FL 33761 CLEARWATER FL 33761 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/26/1998 Za. Malling Address Applied For Not Applicable \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Country Country ☐ Yes 42V Personal Property Tax. 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name TSAMIS, NICK Street Address (P.O. Box Number is Not Acceptable) 3234 HYDE PARK DR. **CLEARWATER FL 33761** Zip Codo City 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 of, Section 607.0505, Florida Statutes. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change Addition 1.1 TILE MLE TSAMIS, NICK 1.2 NAME MALKE 3234 HYDE PARK DR. 1,3 STREET ADDRESS STREET ADDRES **CLEARWATER FL 33761** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition □ D€LETE 21 IIII F TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADURESS 3.3.STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition 4.1 TITLE TITLE DELETE 4 2 NAME NAME STREET ADDRES 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 61 TERE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 each; 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 with all other like empowered.

NATURE AND TYPED OR PENTED MANE OF SIGNING OFFICER OR DIRECTOR