

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 18 1997 8:00am  
Secretary of State

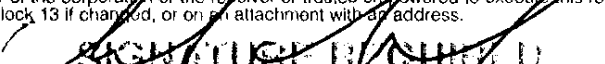
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S65877 (0)</b><br>1. Corporation Name<br><b>CHARLES I. SHOFNOS, D.D.S., P.A.</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Principal Place of Business<br><b>12129 SHERIDAN STREET<br/>COOPER CITY FL 33026</b>                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br><b>12129 SHERIDAN STREET<br/>COOPER CITY FL 33026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 9. Name and Address of Current Registered Agent<br><b>SHAPIRO, IRA R., ESQ.<br/>13899 BISCAYNE BLVD.<br/>SUITE 400<br/>MIAMI FL 33181</b>                                                                                                                                                                                                                                                                                                                       |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 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. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>D SHOFNOS, CHARLES I., DDS 12129 SHERIDAN ST COOPER CITY FL<br>[ ] DELETE                                                                                                                                                                                                                                                                                                                |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE [ ] Change [ ] Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE [ ] Change [ ] Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE [ ] Change [ ] Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE [ ] Change [ ] Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE [ ] Change [ ] Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE [ ] Change [ ] Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |



DO NOT WRITE IN THIS SPACE

|                                                                                                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/12/1991</b>                                                             | 3a. Date of Last Report<br><b>03/19/1996</b> |
| 4. FEI Number<br><b>65-0271151</b>                                                                                 | Applied For<br>[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No |                                              |

14. I do 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:  8/14/97 650 133-1858

CR2E034 (4/97)