

T 9500000 1237

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September 22, 1995

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

300001611283  
-08/29/95--01066--002  
\*\*\*\*175.00 \*\*\*\*\*87.50

Attention: Diane Cushing, Corporate Specialist

Re: Subject : Fast Track  
Ref. No. : W95000017657

Dear Ms. Cushing:

Pursuant to your letter No. 995A00042634 and our telephone conversation, I am enclosing two new applications for registration of the trademark or service mark.

Since you already have the \$175.00 that covers both of these registrations, both under Class 42 in conjunction with dental services by an orthodontist for adults and children.

FILED  
1995 OCT 12 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

See T9500001237  
for final proof

I thank you for your patience and help and appreciate same.

Sincerely yours,

BROAD AND CASSEL

Marwin S. Cassel, P.A.

Name Availability	I thank you for your patience and help and appreciate same.
Document Examiner	
Modifier	
Printer Verifier	DCC
MSC:nh	DCC
Adm. Enclosures	DCC
W. P. Verifier	DCC

RETIRED MSC:nh 228  
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Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgement should be sent:

MARVIN S. CASSEL, P.A.  
Broad and Canal  
201 South Blucayne Blvd., Suite 3000  
Miami, FL 33131  
( 305 ) 373-9420  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: JAN SIMON, DDS

(b) Applicant's business address: 13716 S.W. 84th Street

Miami, FL 33183  
City/State/Zip

(c) Applicant's telephone number: ( 305 ) 385-0911

Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration number: \_\_\_\_\_ (2) Domicile State: \_\_\_\_\_

(3) Federal Employer Identification Number: \_\_\_\_\_

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

Dental services - orthodontist for adults and children

FILED  
1995 OCT 12 PM 2:00  
TALLAHASSEE, FLORIDA

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Newspaper advertisements, brochures, decals, personal cards and letters,  
together with television and radio advertising, miscellaneous print, media and for  
educational purposes.

(Continued)

(d) The class(e) in which goods or services fall:

CLASS 42

PART II

1. Date first used by the applicant, predecessor, or a related company(must include month, day and year):

(n) Date first used anywhere: 7/27/95 (b) Date first used in Florida: 7/27/95

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

The words "FAST-TRACK" with a combination with a sports car, alligator and orthodontist referring to a method of treating orthodontic cases in an expedited manner for both adults and children.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

"FAST-TRACT"

" APART FROM THE MARK AS SHOWN.

I, JAN SIMON, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

JAN SIMON

Typed or printed name of applicant

Applicant's signature or authorized person's signature (Last name and title)

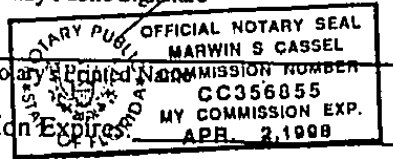
STATE OF FLORIDA

COUNTY OF DADE

On this 21 day of September, 19 95, JAN SIMON personally appeared before me,

[X] who is personally known to me
[ ] whose identity I proved on the basis of

Notary Public Signature



Seal

My Commission Expires

FEE: \$87.50 per class



Jan Simon • DDS  
ORTHODONTIST  
FOR  
ADULTS & CHILDREN

305 • 385 • 0911  
FAX 385 • 8368

13716  
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84<sup>TH</sup> ST.  
MIAMI  
FL 33183

**FAST TRACK**

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