


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 453898 (9)

1. Corporation Name
RONALD E. ASKELAND, D.D.S.,P.A.



Principal Place of Business 100 S.W. 6TH ST. POMPANO BEACH FL 33060-7918	Mailing Address 100 S.W. 6TH ST. POMPANO BEACH FL 33060-7918
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 05/17/1974	
4. FEI Number 59-1531723	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASKELAND, RONALD E.
100 S.W. 6 ST.
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P ASKELAND, D.D.S. RONALD E <input type="checkbox"/> DELETE
NAME	ASKELAND, D.D.S. RONALD E
STREET ADDRESS	3000 N.E. 39TH ST.
CITY - ST - ZIP	LIGHTHOUSE PT. FL
TITLE	V ASKELAND, JOELLEN <input type="checkbox"/> DELETE
NAME	ASKELAND, JOELLEN
STREET ADDRESS	3000 N.E. 39TH ST.
CITY - ST - ZIP	LIGHTHOUSE PT. FL
TITLE	D KVITTEM, D.D.S. BRADLEY M <input type="checkbox"/> DELETE
NAME	KVITTEM, D.D.S. BRADLEY M
STREET ADDRESS	2642 MARION DRIVE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	DP ASKELAND, RONALD E <input type="checkbox"/> DELETE
NAME	ASKELAND, RONALD E
STREET ADDRESS	100 SW 6TH ST
CITY - ST - ZIP	POMPANO BCH, FL 00000
TITLE	D WOLF, WILLIAM C. <input type="checkbox"/> DELETE
NAME	WOLF, WILLIAM C.
STREET ADDRESS	7821 NW 5TH PL
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Ronald E. Askeland* 1/23/98 95494248326

CRE034 (10/97)