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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 454914

(3)

ROYAL DENTAL, INC.

Principal Place of Business Mailing Address

5670 54TH AVE N KENNETH CITY FL 33709

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2. Principal Place of Business

Mailing Address
5670 54TH AVE N

2a. Mailing Address

26

KENNETH CITY FL 33709-2004

## FILED Apr 28 1997 8:00am Secretary of State



3a. Date of Last Report 04/29/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified

4.22.97

813541 5550

06/18/1974

59-1531720

4. FEI Number

Suite, Apt	#. etc.	27 Suit	e, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State	C	City	& State	******		<del></del>	6. Election Campaign Financing	·	\$5.00	May Be	
23		28					Trust Fund Contribution		Added t		
Zip	Country	Zip		Country			8. This corporation has liability to			199.032,	
24 25 29 3							Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered	l Agent				10. Name and Address of New R	egistered	Agent		
NEM	ETHY, PETER			B.	1	Name					
5670 54TH AVENUE NORTH						82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE C					$\perp$						
KEN	NETH CITY, 33709			8	3						
				8	4	City		·····	85 Zip (	Code	
					1			FL			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.15	508, Florida Statuti	es, the abo	Ve-t	named corpo	pration submits this statement for the on's board of directors. I hereby according	purpose o	changing its	s registered	
agent La	in familiar with, and accept the obl	igations of, Sec	tion 607.0505, Flo	orida Statuti	les.	ing corporation	on a coard or directors. I hereby acci	արև ութագիի	ommonicas	registered	
SIGNATURE											
A A 777	Signalize, typod or parted name of registered a				pent	algnature require	d when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		<u>-</u>	ADDITIONS/CHANGES TO OFF	ICERS AN				
TITLE	PO DETER		DELETE	1.1 TITLE		1			Change	Addition	
NAME	NEMETHY, PETER   5870 54TH AVE NO STE C			1,2 NAM							
STREET ADDRESS				1.3 STRE							
CHY-ST-74P	KENNETH CITY FL		DEVETE	1.4 CITY		ZIP			0	1 4 4 22 2	
THLE	}		DELETE	21 TITLE					Change	Addition	
NAME	]			2.2 NAM		}					
STREET ADDRESS				2.3 STRE		· [					
CH t - ST - ZiP			T SELEVE	2. 4 CITY		· ZIP			<b>1</b> 1 2	1.4.000	
THLE	)		DELETE	3.1 TITLE		j			Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS.				3 3 STRE	ET A	DDRESS					
C-TY - ST - ZIF			T SELETE	3.4. CITY		-ZIP			TT =:	7.00	
TRUE			☐ DELETE	4.1 TITLE					L. Change	Addition	
NAME				4. 2 NAM		1					
STREET ADORESS	}			4.3 STRE	EET AI	DDRESS					
CHTY - ST - ZiF			55,555	4 4 CITY		ZIP			T 5.	FT	
Tille			☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME				. 5.2 NAMI		}					
STREET ADDRESS				5.3 STRE	EET AL	DDRESS					
CHY-51-201				5.4 CITY		ZIP				T" 7	
TiTLE			DELETE	6.1 TITLE		1			Change	Addition	
NAME			,	62 NAMI							
STREET ADDRESS			•	6.3 \$TRE							
C(1Y · S) - Z(P)	<u> </u>	[[]		6.4 CITY	-51-	ZIP	/	- 72 3			
14. I do herel information Lamian o	by certify that the information supplied indicated on this annual report of the corporation in Block 12 or Block 12 it about 1	supplier ental	ng does per quali annual report is t ar trustee empow	ry for the ex rue and ac- rered to exe	xem cura ecul	nption stated ate and that te this report	in Section 119.07(3)(i), Florida Statul my signature shall have the same leg as required by Chapter 607, Florida	es. I turthe ial effect a Statutes; a	er certify that it is if made und and that my n	the der oath; thai iame	