

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **466730** (9)

1. Corporation Name
SCHMIDT AND BARTEL, D.D.S., P.A.



Principal Place of Business: **400 AVE K. SOUTHEAST WINTER HAVEN FLORIDA 33880**
Mailing Address: **400 AVE K. SOUTHEAST WINTER HAVEN FLORIDA 33880**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1974	3a. Date of Last Report 01/26/1995
21. Site, Apt. #, etc.	22. City & State	26. Site, Apt. #, etc.	27. City & State	4. FEI Number 59-1566614	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHMIDT, WILLIAM E. 400 AVE K SOUTHEAST WINTER HAVEN FLORIDA 33880				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 607.1506, 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 _____ DATE _____
(Signature of Registered Agent required when no state)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, WILLIAM E		1.2 NAME		
STREET ADDRESS	400 AVE K SOUTHEAST		1.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER HAVEN, FL 00000		1.4 CITY-STATE-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTEL, BRADLEY W		2.2 NAME		
STREET ADDRESS	400 AVE K SOUTHEAST		2.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER HAVEN, FL 00000		2.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *William E. Schmidt President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)