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

PROFIT CORPORATION **ANNUAL REPORT**



LUCRIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

May 27 1998 8:00am

19 98			A CONT	DIVISION OF CORPORATIONS				V S	Secretary of State
DOCUMENT # 504503 (4) GEORGE W. EDWARDS, D.M.D., P.A.								4 1 10 (0) 6 ((1) 50 ((1) 50 ((1) 5 ((1) 	
Principal Place of Business Mailing Address									J ISAIDE BINN BOND BEEG, BINN BONDS THE BERLY SEALS BIRN BERLY BER
541 N. PALMETTO AVE STE E				541 N. PALMETTO AVE STE E SANFORD FL 32771					
8	ianford fl	32//1		SAMFORD FL 32771					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address					06/01/1976 4. FEI Number Applied For
21				26					59-1672183 Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.					5 Certificate of Status Desired \$8.75 Additional	
22				27					Fee Required
	City & State	City & State		Cily & Stale					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Zip		Country	[28] 7 (p)		Countr	ry		This corporation owes or has paid the current year Intangible
24	·		25	29		30			Personal Property Tax due June 30. Yes No
			and Address of Curr	ent Registered Agent		81	<u> </u>		10. Name and Address of New Registered Agent
		Wards, G				81		Name	
		1 NORTH F NTE 101	PALMETTO AVE					Street Add	dress (P.O. Box Number is Not Acceptable)
		NFORD FL	32771						
	 	141 OI 10 1 E	OE / / I					City	85 Zip Code
	agent. Far GNATURE	m temiliar wa	an, and accept the ob-	gations of, Section 60	7.0505, FR	noa Statut	es.		rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
Signature typed or providing releted as				ejest and title it applicable ND DIRLCTORS				! signature requi	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12		PD					1.1 TiTL€		Change Addition
NAI		EDWARDS, GEORGE W.				1.2 NAME			
STF	STREET ADDRESS 541 N. PALMETTO AVE.				1.3 \$			DDRESS	
	Y-S1-ZIP	SANFO	RD FL			1.4 CITY-		- ZIP	
TIT		8			DELETE	217111€			Change Addition
NAI			OS, CHRISTINE C PALMETTO AVE			2.2 NAME 2.3 STREE		DOBLCC	
	REET ADDRESS Y-ST-ZIP	SANFO				2 4 CITY			
TIT					DELETE	3 1 THTLE		-51	Change Addition
NA						3.2 NAME	E		
STF	REET ADDRESS					3.3 STREE	ET A	DDRESS	
_	Y-ST-ZIP		u		DELETE	3 4. CITY		- ZiP	Change Addition
TIT	l			LI.	DELETE	4 1 TITLE 4 2 NAM			Conside Hydrigat
NAI STE	REET ADDRESS					4 2 NAM 4 3 STREE		ODRESS	
	Y-ST-ZIP					4 4 CiTY-			
TIT		· · · · · · · · · · · · · · · · · · ·			DELETE	51 TITLE			Change Addition
NA	ME					5.2 NAME	E		
ST	REET ADDRESS					5 3 STREE			
-	Y-ST-ZIP				DELETE	5.4 CITY-		- ZIP	☐ Change ☐ Addition
TIT				LJ	DELL IL	61 THUE 62 NAME			C orango I readion
	REET ADDRESS					63 STREE		DDRESS	
	ager rappineds					0.40079		20	

14. Thereby 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 suppliemental 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 chapter on an altrachment with an address.