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 # 506677 (4)

1. Corporation Name
CARLTON S. SCHWARTZ, D.D.S., P.A.

Principal Place of Business	Mailing Address
621 FLORIDA AVENUE LYNN HAVEN FL 32444	621 FLORIDA AVENUE LYNN HAVEN FL 32444

*after 8-15-96 *
new address:

2. Principal Place of Business
21 600 Ohio AVENUE
Suite, Apt. #, etc.
22
City & State
23 Lynn Haven, FL
Zip 24 32444 Country 25 USA

2a. Mailing Address
26 600 Ohio Ave.
Suite, Apt. #, etc.
27
City & State
28 Lynn Haven, Fl.
Zip 29 32444 Country 30 USA

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-1676975 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SCHWARTZ, CARLTON S
621 FLORIDA AVENUE
LYNN HAVEN FL 32444

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SCHWARTZ, CARLTON S.	
STREET ADDRESS	621 FLORIDA AVE. — new address after 8-15-96	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	PD	[X] Change [ ] Addition
1 NAME	Schwartz Carlton S.	
1 STREET ADDRESS	600 Ohio Ave	
1 CITY-ST-ZIP	Lynn Haven, Fl 32444	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: [signature] 4/1/96 (904) 265-3696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR