

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

FILED

Jan 16 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 # 557398 (5)
1. Corporation Name
ALAN M. GUY, D.D.S., P.A.

Principal Place of Business Mailing Address
1149 DOUGLAS AVE 1149 DOUGLAS AVE
ALTAMONTE SPRGS FL 32714 ALTAMONTE SPRGS FL 32714

Effective 5/1/98

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 995 S.R. 434 North Suite, Apt. #, etc. 22 502 City & State 23 Altamonte Spgs FL Zip 24 32714		2a. Mailing Address 26 995 S.R. 434 North Suite, Apt. #, etc. 27 502 City & State 28 Altamonte Spgs FL Zip 29 32714		3. Date Incorporated or Qualified 01/03/1978	
Country 25 USA		Country 30 USA		4. FEI Number 59-1777024	
9. Name and Address of Current Registered Agent GUY, ALAN M 1149 DOUGLAS AVE 995 S.R. 434 NORTH ALTAMONTE SPRINGS FL 32714 SUITE 502 Effective 5/1/98		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
83		84 City		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
85 FL		86 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GUY, ALAN M	1.2 NAME	
STREET ADDRESS	1149 DOUGLAS AVE 995 S.R. 434 NORTH ALTAMONTE SPRGS, FL 00000 SUITE 502	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 00000 32714	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	GUY, ANITA	2.2 NAME	
STREET ADDRESS	1149 DOUGLAS AVE 995 S.R. 434 NORTH ALTAMONTE SPGS, FL 00000 SUITE 502	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 00000 32714	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

Alan M. Guy ES 1/8/98 (407) 862-8500

CR2E034 (10/97)