FILE NOW: FILING FEE AFTER MAY 1 IS \$550. DO

PROFIT CORPORATION ANNUAL REPORT

1997



STATE FLORIDA DEPARTMENT Sandra B. Morth

Secretary of State DIVISION OF CORPORA

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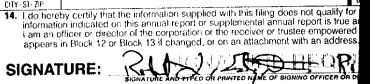
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(0)

ROBERT L. EDGERTON, D. D. S., P. A.

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be	
ORLANDO FL 32803 ORLANDO FL 32803-5736 3. Date Incorporated or Qualified 12/03/1968 3a. Date of Last Report 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc. Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 59-1225799 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$8.75 Additional Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 59-1225799 Not Applied For Not Additional Fee Required 22 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be	
26 59-1225799 Not Applicate Suite, Apt. #, etc. 5. Certificate of Status Desired See Required	
Suite, Apt #, etc. Suite,	
22 City & State City & State S	
27 27	il
Trust Fund Contribution Added to Fees	
28 28	2,
Florida Statutas Tyes Tivo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
EDGERTON, ROBERT L.	
444 NORTH MILLS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
ORI ANDO EL 32803	
83	
84 City 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 register	rod
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered acreal, 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	ed
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 Statistics.	
SIGNATURE. Storature insector protection of the distored agent and title. Lapplicable (NOTE: Register, Agent signature required when reinstating) DATE	
Signatur Typest or professional in goldered agent and title 1 applicable (NOTE Register) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE PSD DELETE 117 LE Change Add	dition
NAME EDGERTON, ROBERT L 12N ME	
STREET ADDRESS 444 NORTH MILLS AVE 1.3 SPEET ADDRESS	
CITY-SI-ZIP ORLANDO FL 146 1-SI-ZIP	
TITLE DELETE 2.1 LE Change Add	dition
NAME 2.2 ME	
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DELETE 6 LE Change Add NAMΓ 6 ME	

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exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 22 1997 8:00am

Secretary of State