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

PROFIT Jun 01 1998 8:00am LUCRIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 601773 4.23.98 Barry S. Segal, D.D.S. P.A. Principal Place of Business Mailing Address 3575 NE 207TH ST 3575 NE 207TH ST **AVENTURA FL 33180 AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1969 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 59-1279522 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 7in Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GANTOR- RONALD-M. Barry S. Sega1 3575 NE 207TH STREET N.E. 207th St. 82 **AVENTURA FL 33180** 83 33180 84 City Zip Code 85 FL f. 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. office or registered agent, SIGNATURE (NOTE: Registered Agent signature required when reinstating) ot and bile it applicable ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13, X DELETE Change Addition 1.1 TITLE TITLE BANTOR ROWALD M 1.2 NAME NAME 3575 NE 207 ST STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SEGAL, BARRY S. NAME 22 NAME 3575 NE 207 ST STREET ADDRESS 2.3 STREET ADDRESS **AVENTURA FL** CITY-ST-ZIP 2 4 City - SI - ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP Change Addition TITLE DELETE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THUS NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 200002543312 6.3 STREET ADDRESS -06/02/98--01014--032 STREET ADDRESS ***150.00 CITY-ST-ZIP 64 C0Y-St-7/P 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 eath; that I am an officer or director of the corporation or the receive 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