SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

#203



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90020 019 ***550.00

DOCUMENT # 602034

R.H. SCHLAPKOHL, D.D.S., P.A.

Principal Place of Business
2211 NE 36TH ST.

Mailing Address

Rick and Joyce Schlapkohl

311 Rivermont Drive LIGHTHOUSE POINT FL 33064 DO NOT WRITE IN THIS SPACE Canton, NC 28716 3. Date Incorporated or Qualified 04/07/1970 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1289659 Not Applicable. 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 7in Zip 8. This corporation owes the current year No 30 Intangible Personal Property. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHLAPKOHL, RICK H DDS 82 Street Address (P.O. Box Number is Not Acceptable) 2211 NE 36TH ST. #203 83 LIGHTHOUSE POINT FL 33064 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE Change Addition TITI F DELETE SCHLAPKOHL, RICK H DDS 1.2 NAME NAME 2211 NE 36TH ST., #203 1.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Rick and Joyce Schlapkohl 2.2 NAME NAME 311 Riverment Drive 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Canton, NC 28716 CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change TITLE DELETE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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:

7/10/99 648 6373

CR2E034 (5/99)

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