SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE

Jul 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 🕛 ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)ROBERT FAINE, D.D.S., P.A. Principal Place of Business Mailing Address 6262 S.W. 72 STREET P.O. BOX 430437 SUITE 301 MIAMI FL 33243-0437 DO NOT WRITE IN THIS SPACE S. MIAMI FL 33143 3. Date incorporated or Qualified 01/25/1971 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1350253 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAINE, ROBERT 6262 SUNSET DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 S. MIAMI FL 33143 84 City Zip Code islone of sections 607,0502 and 697,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or noth, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered with an accept the obligations of assistance of the corporation o ageni SIGNA (2/38) FICERS AND DIRECTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 TITLE 1.1 TITLE DELETE _ Change ___ Addition CR2E034 FAINE, ROBERT NAME 12 NAME P.O. BOX 430437 N/A STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIE 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ____ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE L Change Addition TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE 00000260; NAME 6.2 NAME -07/30/98--01071-**-0**01 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the examindicated on this annual report or supplemental annual report is true and accurate as an officer or director of the corporation or the receiver or trustee empowered to execut in Block 12 or Block 13 if orlanges, or on an attrockment with an address. y for the examption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am aged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

FILED

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JULY 1, 1998

FLORIDA DEPARTMENT OF STATE SANDRA B. MORTHAM SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 (850) 487-6059

DEAR MS. SECRETARY,

THIS IS TO INFORM YOU THAT I DID NOT RECEIVE THE FIRST NOTICE TO FILE FOR THE 1998 PROFIT CORPORATION ANNUAL REPORT. THEREFORE I WAS VERY SURPRISED WHEN I RECEIVED THE SECOND NOTICE AND A LATE FEE OF \$400.00 I THEN CALLED YOUR DEPARTMENT AND SPOKE TO MS. LESLIE SELLERS AND WAS ADVISED TO WRITE A LETTER OF EXPLANATION ALONG WITH THE ORIGINAL FILING FEE OF \$150.00 AND THE 2nd. NOTICE OF THE 1998 ANNUAL REPORT PACKET.
THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.

SINCERELY,

ROBERT FAINE, D.D.S.