### 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).

PROFIT CORPORATION ANNUAL REPORT



#### FLORIDA DEPARTMENT OF STATE

#### "Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603683

GEOFFREY M. BILD, P.A.

(4)

(4

# FILED Jul 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
2701 PARK DRIVE 2701 PARK DRIVE						
CLEARWATER FL 34823 CLEARWATER F						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Rusinoss	2a. Mailing Address			08/02/1972 4. FEI Number Applied F	
2. Principal Place of Business		26 Walling Address			4. FEI Number Applied F 65-0193515 Not Applie	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		S8 75 Addition	
22		27	<b>1</b>		5. Certificate of Status Desired Fee Required	
City & Stat	é	City & State			6. Election Campaign Financing \$5.00 May B	e
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes or has pald the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Registered Agent	
	DON, HOWARD	<b>^</b> D		I IVallio		ļ
	ALHAMBRA CIRCLE 8TH FLO	UH		82 Street	Address (P.O. Box Number is Not Acceptable)	
CON	IAL GABLES FL 33134		}	83		
			L			
				84 City	FL  85   Zip Code	
11. Pursuant	to the provisions of sections 607.0	502 and 607.1508, Florida Statu	ntes, the abo	ve-named c	corporation submits this statement for the purpose of changing its registered	a d
office or	registered agent, or both, in the Str am familiar with, and accept the ob-	ate of Florida. Such change was	authorized	by the corp	poration's board of directors. I hereby accept the appointment as registered	d
SIGNATURE	and the production of	angenorie of decirent out to out it	ionos etaic			
	Signature, typed or printed name of registered	agent and tille if applicable (		ed Agent signatu	ore required when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD OF OFFICE A	DELETE	1.1 T(T)		Change L Ac	ddition
NAME	BILD,GEOFFREY M 2701 PARK DRIVE		1.2 NA/	_		
STREET ADORESS	CLEARWATER FL			ÉET ADDRESS		}
CITY-ST-ZIP TITLE	CLEANITATENTE	DELETE	2.1 TIT	Y-ST-ZIP		ddition c
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NAME	•	[_] DETE   F	6.2 NAA	1	│	dition
STREET ADDRESS				EET ADDRESS	-07/21/9801065047	
CITY-ST-ZIP				-ST-ZIP	700002594137 -07/21/9801065047 ***150.00	
					·	

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 man attachment with an address.

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712/05

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## GEOFFREY M. BILD D.D.S. IMPLANT DENTISTRY & PERIODONTICS

Phylod

lo whom it may concern: I recently spoke to Wesley at your 850-487-6059 Telephone number (option #2). I explained that the been ta Carporation en Horida for over 20 years t-hour never been late wife a renewal fee. I didn't receve my first notice. Im sorry a would appreceate not brown a too penalty. Wesley said toot I should write a note + send in a check for 150 %. She said that I could get a break this time, but only this time. Harleyon - Too