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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603836

(8)

POTTER WILLIAM F., D.D.S., P.A.

Feb 21 1997 8:00am Secretary of State A ARTIGO KIRKO DÖKKÜN İKADI TOLDA KIRKO MALI DEĞİLI DİLDIL OLDAK İNDALI DIREK MEMLE ALBAK DIREK

**FILED** 

Principal Plac 2268 SARNO R MELBOURNE FI	•	Mailing Address 2268 SARNO RD MELBOURNE FL 32835-30				3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1972 01/29/1996					
		`									
<del></del>	Pace of Business	2a. Mailing Address 26	<u> </u>			max 4 4 4 5 5 5 4 .				Applied For	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desire	o C	)			Applicable Iditional ulred
Cily & Stat	0	City & State				6. Election Campaign Financi Trust Fund Contribution	ng [	]			lay Be Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30			8. This corporation has liability for intengible tax under s					
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of Ne	w Regist	ered /	Agent		
POTTER,WILLIAM F 2268SARNO RD MELBOURNE FL 32935				1 2	Name Street Addre	ess (P.O. Box Number is Not Acc	eptable)				
MCL	BOURNE FL 32905		8	3							<del></del>
			8-	4	City			ŒI	<b>85</b> 2	Zip Co	ode
SIGNATURE	Signal are dyped or printed name of registeric OFFICERS	d agent and tile if applicable (Ni AND DIRECTORS DELETE	13.		nt signature require	ad when reinstating) ADDITIONS/CHANGES TO 0		ATE S AND			
NAME STREET ADDRESS CITY-ST-ZIP	POTTER, WILLIAM F 5285 BALSAM AVE MELBOURNE FL	C" Derese		ET A	ADDRESS	* 2			[_] Chang	ge	Addition
TITLE	8	DELETE	1.4 CITY- 2.1 TITLE		1-ZP		·····		Chang	ge	Addition
NAME STREET ADDRESS	POTTER, DIANNE 5285 BALSAM AVE		2.2 NAME 2.3 STREE		ADDRESS .						
CITY-ST-7IP	MELBOURNE FL	Mor. FT.	2. 4 CITY		T-ZIP	·					<u></u>
TITLE NAMÉ	D Potter, Dianne	DELETE	3.1 TITLE 3.2 NAME				,		Chang	ge .	Addition
STREET ADDRESS	5285 BALSAM AVE MELBOURNE FL		3.3 STAFE		- ;			. :			
CITY - ST - ZIP TITLE	MELDOUNIE FL	DELETE	4.1 TITLE		T-ZIP				☐ Chang	ne	Addition
NAME		best - arm	4, 2 NAM				-		O1]G11[	<b>y</b> ~	
STREET ADDRESS			4.3 STREE	ET A	ADDRESS						
CITY - ST - ZIP			4.4 City-	ST-	- 2112		<u> </u>				
TITLE		☐ DELETE	5.1 TITLE						Chang	ge	Addition
NAME STREET ADDRESS			5.2 NAME		4 hhotte						
CITY-ST-7P			5.3 STREE 5.4 CITY-		ADDRESS - 71P						
TITLE		☐ DELETE	6.1 TITLE		- e1F				Chang	ge	Addition
NAME			62 NAME		-					•	

6.4 CITY-ST-ZIP 14. I do 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 adjustments.

6.2 NAME

6.3 STREET ADDRESS

STHEET ADDRESS

CITY-ST-7IP