


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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604433 (3)

1. Corporation Name
JAY C STINE D.D.S., P.A.

Principal Place of Business 229 PHEASANT RUN CT LONGWOOD FL 32779 US	Mailing Address 229 PHEASANT RUN CT. LONGWOOD FL 32779-2203 US
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3. Date Incorporated or Qualified 06/14/1973	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	28 Zip
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24 Country	29 Country
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4. FEI Number 59-1518785	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

STINE, JAY C.
229 PHEASANT RUN CT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
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NAME	STINE, JAY C.
STREET ADDRESS	229 PHEASANT RUN CT
CITY- ST- ZIP	LONGWOOD FL

TITLE	S	<input type="checkbox"/> DELETE
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NAME	STINE, MARY A.
STREET ADDRESS	229 PHEASANT RUN CT.
CITY- ST- ZIP	LONGWOOD FL

TITLE		<input type="checkbox"/> DELETE
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NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE		<input type="checkbox"/> DELETE
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NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE		<input type="checkbox"/> DELETE
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NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE		<input type="checkbox"/> DELETE
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NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME
6.3 STREET ADDRESS
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 an address.

CR2E034 (9/96)