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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1997	Secretary DIVISION OF CO	of State	Secreta	ry of State
DOCUN 1. Corporation	MENT # 604815 n Name D L. LILLY, JR., D.D.S., P.	* *		A INDICE OUR DANG MARK AND CITAL OR A	Albin o'nik ûkûl 8 der Arbin Albil (Bal
			······································		
Principal Place of Business		Mailing Address		i igatije živit gatit bizat 1914) stat 41); atat dibis gibis atbit atat bibit bibit indi	
300 GATLIN AVE ORLANDO FL 32806		300 GATLIN AVE Orlando fl 32806-6910			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/13/1973	04/01/1996
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	#, elc	Suite, Apt. #, etc.		59-1499574	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	Zip	Country	This corporation has liability for it.	
24	25	29 3	00		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NARD L LILLY, JR. DDS				
300 GATLIN AVE. ORLANDO FL 32806  B3 Street Ac			82 Street Add	dress (P.O. Box Number is Not Aaceptable)	
			83	/ N All	
			84 City		85 Zip Code
				7) 4	FL
11. Pursuant to the provisions of Sections 607,0502 and 607,1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered due it, or both, in the state of the corporation of the corporation of discourse of the appointment as registered agent. I am families with, and accept the purpose of change was authorized by the corporation's location of discourse of the appointment as registered agent. I am families with, and accept the purpose of changing its registered agent.					
agent La	im familiar with, and accept the following	ajons of Siction 60, 0505, Nori	ide Siatores.		4-19-97
SIGNATURE	Agnatice, turned or prieted name of digisteror as	gent and the if applicable NOT	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D THE	ORLETE	1.1 TITLE		Change
NAME OVERES ANUMEROS	GILLMAN, THOMAS 1418 SYMPHONY CT		1.2 NAME		
STREET ADDRESS  CITY+ST-ZIP	ORLANDO FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
1(1:F	PD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LILLY, HOWARD L, JR		2.2 NAME		
STREET ADDRESS	5114 GRAMONT AVENUE		2.3 STREET ADDRESS		
City St. Zip	ORLANDO FL	DELETE	2.4 CITY - ST - ZIP		Change Addition
TITLE NAME	D Ward, Franklin N	☐ bereie	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	516 LINSON CT		3.3 STREET ADDRESS		
CITY+S1-ZIP	ORLANDO FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZP		☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAME		<u> </u>	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZiP	,,		5.4 CITY - ST - ZIP		
TITLE		DELETÉ	6.1 TITLE		Change Addition
MAME Second Annoces			6.2 NAME 6.3 STREFT ADDRESS		
STREET ADDRESS CITY - ST - ZIP			6.4 City-St-ZiP		
	by certify that the information suppl	ed with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
mtormalic Lam an o appears i	on indicated on this annual report of officer or director of the coroniation in Block 12 or Block 13 if changed,	supplemental annual report is tru or the receiver or rustee empowe or on an attachment with an addr	erecto execute this repo ess.	od in Section 119.07(3)(3), Florida Statule at my sig <del>nature s</del> hall have the same lega ort as required by Chapter 607, Florida S	remedias ir made under dath; that itatutes; and that my name

SIGNATURE:

**FILED** 

May 16 1997 8:00am