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 # 604865

(6)

DAVID F. MANWARING D.D.S., P.A.

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Principal Place of Business Mailing Address					***************************************	I ISBNIA BIINI BENIN ANDNI NOMA DINDI AKU BIBNI DIBNI DIBNI BIBNI					
4701 NORTH FEDERAL HIGHWAY SUITE A-97 4701 NORTH		4701 NORTH FEDERAL FT LAUDERDALE FL 33	ITH FEDERAL HIGHWAY SUITE A-37 ERDALE FL 33308-4678								
						Date Incorporated or Qualified 12/06/1973		te of Last 25/1996			
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				59-1500525			lot Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28	28			Trust Fund Contribution					
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in			в. 199.032,		
24	[25]	29	30				Yes [
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent			
	AN, REED A.			"	Name						
	BROWARD BOULEVARD		÷	82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)				
111	LAUDERDALE FL 33301		}	83							
			.	-							
				84	City		FL	85 Zip	Code		
11 Pursuant	to the provisions of Sactions 607 050	2 and 607 1509 Florida Stat	utor the at	2016	named core	varation submits this statement for the n		changing	ito registered		
agent 1 a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 607.0505,	s authorized Florida Stati	d by utes	the corporati	oration submits this statement for the pi ion's board of directors. I hereby accep	t the appo	ointment a	s registered		
SIGNATURE.	Signature: Typed or printed name of registered age	ent and title if applicable. (N	OTE: Registeres	1 Agei	nt signature requir	ed when reinstating)	DATE				
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12		
THE	PD	☐ DELETE	1.1 711	ſLE				Change	Addition		
NAME	Manwaring, David F		1.2 NA	ME							
STREET ADDRESS	4701 N FEDERAL HWY SUITE	A-37	1.3 ST	REET.	ADDRESS						
CITY-S1-ZIP	FT LAUDERDALE FL		1.4 CI	TY-51	r-zip						
TI ^T LE		☐ DELETE	2.1 111	TLE				Change	Addition		
NAME			2.2 NA	ME							
STREET ADDRESS			2.3 \$1	REET.	ADDRESS						
011 t - ST - ZIP			2. 4 CI	ITY-S	iT- ZiP						
11*(F		☐ DELETE	3.1 Til	3.1 TITLE				Change	Addition		
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 ST	AEET .	ADDRESS						
CHY-51-2IP			3.4. CI	ITY-S	IT-ZIP						
TITLE	☐ DELETÉ		4.1 TiT	ΓLE			_	Change	Addition		
NAME			4.2 N	AME							
STREET ADDRESS			4.3 ST	REET.	ADDRESS						
C⊬TY+ST+7iP			4.4 Ci1	1Y - S1	T - ZiP						
10116	☐ DELETÉ		5.1 TII	5.1 TITLE				Change Change	Addition		
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET.	ADDRESS						
City-St-Zir			5.4 CI	1Y - S1	Γ- Z IP						
TIFLE		☐ DELETE	6.1 TIT	TLE.				Change	Addition		
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET.	ADDRESS						
City-St-ZiP			6.4 CI	TY - 51	r-zip						
4.4 Lole beach	be a could be that the information according	ويتم فصم ممماه مستاله منطف طفارينا	alider Amerikan			Lin Contine 440 OTIONS Classed Contine	1.7.41		A Ab		

4. 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 illustrated or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 91 954. 171, 8636