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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

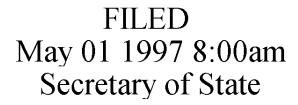
DOCUMENT # 644563

(9)

JON S. WILKINS D.D.S., P.A.

(3

Mailing Address
1555 HOWELL BRANCH RD, STE A-4





1555 HOWELL BRANCH RD. STE A-4 WINTER PARK FL \$2789		1555 HOWELL BRANCH RD. STE A-4 WINTER PARK FL 32789-1109					
					3. Date Incorporated or Qualified 11/01/1979	3a. Date of Last 04/29/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21		26			59-1945874	<del></del>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added Added	to Fees
Zip	Country	<i>Z</i> ip	Country		8. This corporation has liability for intangible tex under s. 199.032,		
24	25	29	30	·····		Yes 🗹 No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	lstered Agent	
WILKINS, JON S.				name			
	5 <b>HOWELL Branch</b> RD, STE A <b>-</b> 4 TER PARK FL 32789			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
****	ICH I FUNC ( E OD FOO		83	3			
			84	City		FL 85 Zip	Code
11 Purcuent	to the provisions of Socious 607 0500	and 607 1508 Florida Statu	ites the above	Le-parried cor	rnoration submits this statement for the n	roose of changing	ite regislered
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized b	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointment a	s registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	iorida Statute	9S.			
SIGNATURE	Signature, typed or printed name of registered agen	Land tyle if applicable (NO	III. Benistered Ar	cent s quature requ	ured when reinstating)	DATE	
12.	OFFICERS AND	COLUMN 1 TO THE TOTAL PROPERTY OF THE TOTAL	<b>■ 13</b> .	gent o griotoite roqu	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	PĎ	DELETE	1.1 TUTLE			☐ Change	Addition
NAME	WILKINS, JON S		1.2 NAME				
STREET ADDRESS	1555 HOWELL BRANCH RD A4		1.3 STREE	LADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 00000		1.4 CHTY-	S1-ZIP			
TITLE	VŠT	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	WILKINS, JON S		2.2 NAME				
STREET ADDRESS	1555 HOWELL BRANCH RD A4		2 3 STR£ I	T ADDRESS			1
CITY-ST-ZIP	WINTER PARK, FL 00000		2 4 CITY	- ST-7IP			
TITLE		☐ DELETE	3 1 1111.6			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY	- \$1 - 7/P			
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4 2 NAM	F			İ
STREET ADDRESS			4 3 STREE	1 ADDRESS			
CITY-ST-ZIP			44 C(1Y-	ST - ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	: Addition
NAME			5.2 NAMÉ				
STREET ADDRESS			5 3 S1RE	ET ADDRESS			
CITY-ST-ZIP			5 4 CITY-	ST-ZIP			
TITLE	·.	☐ DELETE	61 TITLE			Change	Addition
NAME .			6 2 NAME				
STREET ADDRESS			63 STREE	F1 ADDRESS		•	
CITY-ST-ZIP			64 CHY-	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.

WORDAY HAME PROVINCE