

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 644563 (9)

1. Corporation Name
JON S. WILKINS D.D.S., P.A.



Principal Place of Business 1555 HOWELL BRANCH RD. STE A-4 WINTER PARK FL 32789	Mailing Address 1555 HOWELL BRANCH RD. STE A-4 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 731 West Morse Boulevard Suite, Apt. #, etc. 22 Winter Park, Florida City & State 23 Winter Park, Florida Zip 24 32789		2a. Mailing Address 25 731 West Morse Boulevard Suite, Apt. #, etc. 27 Winter Park, Florida City & State 28 Winter Park, Florida Zip 29 32789		3. Date Incorporated or Qualified 11/01/1979	
4. FEI Number 59-1945874		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILKINS, JON S. 1555 HOWELL BRANCH RD, STE A-4 WINTER PARK FL 32789				10. Name and Address of New Registered Agent			
81 Name Jon S. Wilkins		82 Street Address (P.O. Box Number is Not Acceptable) 731 West Morse Boulevard		83			
84 City Winter Park		85 Zip Code FL 32789					

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	WILKINS, JON S 1555 HOWELL BRANCH RD A4 WINTER PARK, FL 00000	1.1 TITLE PD	Wilkins, Jon S. 731 West Morse Boulevard Winter Park, Florida 32789
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VST	WILKINS, JON S 1555 HOWELL BRANCH RD A4 WINTER PARK, FL 00000	2.1 TITLE VST	Wilkins, Jon S. 731 West Morse Boulevard Winter Park, Florida 32789
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Jon S. Wilkins* Jon S. Wilkins April 16, 1998 (407) 644-0177

CR2E034 (10/97)