

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Modrano
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **647112 (2)**

1. Corporation Name
JOSEPH C. NAGELSEN, JR., D.D.S., P.A.



Principal Place of Business: **892 GOLFVIEW TERR WINTER PARK FL 32789**
Mailing Address: **892 GOLFVIEW TERR WINTER PARK FL 32789**

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **11/26/1979** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-1949722** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**NAGELSEN, JOSEPH C., JR.
201 NORTH LAKEMONT
WINTER PARK FL 32789**

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 607.0500 and 607.1500, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature of Registered Agent (if different from the corporation's officer or director)

Signature of Registered Agent (if different from the corporation's officer or director)

Date

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAGELSEN, JAMES	
STREET ADDRESS	415 BRIGHTWATER BLVD	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	NAGELSEN, JOSEPH C JR	
STREET ADDRESS	201 N LAKEMONT	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWTON, THOMAS	
STREET ADDRESS	201 N LAKEMONT AVE	
CITY- ST- ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
14. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		
2. NAME		
2. STREET ADDRESS		
24. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
34. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
44. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
54. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
64. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 attached sheet with an address.

SIGNATURE: *Jos. C. Nagelsen Jr* *Joseph C Nagelsen* 4-2696 407-644-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)