SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 685829 FRANK M. ADDABBO, D.D.S., P.A.

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90007 036 ***550.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated of Qualified Og/01/1980 2. Principal Place of Business 2. A Mailing Addross 2. Sile, Apt. #, etc. 2. Sile, Apt. #, etc. 2. Sile, Apt. #, etc. 2. Tyr 3. Sile, Apt. #, etc.	Principal Place of Business					Mailing Address						i indiid dilai idibi diidi ibita				4 (8 () 8		
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9. Name and Address of Current Registered Agent ADDABBO, FRANK M DDS 6001 VINELAND RD #119 ORLANDO FL 32819 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 elegistered agent and mention with, and except the elegisteries of sections 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. are the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. are mentioned to the provisions of section 607.0508, Florida Statutes. SIGNATURE 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. are mentioned to the purpose of changing its registered office or registered agent. are discovered agent. a			Country		Z	ip.		Cou	ıntry			8. This corporation owes the cu	rrent year		_			
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601 VINELAND RD #119 ORLANDO FL 32819 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and the statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and the pursue of change in the appointment as registered agent a	4004	.DDO 5044	IV M DDO						81	Name								
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Stabutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0502, each 607.1508, Florida Stabutes, agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12.																		4
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby except the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby except the appointment as registered agent, and familiar with, and accept the obligations of, section 607.0505, Fiorida Statutes. SIGNATURE Signature, hyper or proved name of registered agent and the fapilitation. DT	UHLA	ANDO FL 32	819						83									
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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.								to execut	e this	s report as	s requir	ed by Chapter 607, Florida Stati	ites; and the	at my	name a	sppea	rs	