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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

858153

(0)

DENNIS P. SWEENEY, D.D.S., LTD., INC.

	88811 81811 81811 81811 1881 1881

FILED

Jan 20 1998 8:00am

Secretary of State

Principal Plac		Mailing Address			
16520-4 TAMIA FT. MYERS FI		16520-4 TAMIAMI TRAIL FT. Myers FL 33908		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				10/14/1983	
	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 108			x Den SW	36-3032785	Not Applicable
Suite, Apt.	#, otc.	Suite, Apt. #, etc.	rs 71	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	, -	6. Election Campaign Financing	\$5.00 May Be
	33908 Lee	28 <u>33908</u>	Lee	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curren	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
		r uedistelen väelit	81 Name	10, Name and Address of New Register	ed Agent
	EENEY, DENNIS P.				
	957 FOX DEN S.W.		[82] Street Add	lress (P.O. Box Number is Not Acceptable)	
FUI	RT MYERS FL 33908		83		
		•			
			84 City		85 Zip Code
office or r agont. I a		of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or printed name of registered agr	of and tille if applicable (NOTE	Registered Agent signature requ	prod whon remstating) EDAT	E
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	11 TITLE		Change Addition
NAME	Sweeney, Dennis P		1.2 NAME		
STREET ADDRESS	16857 FOXDEN SW		1.3 STREET ADDRESS		
CHY-ST-ZIP	FT MYERS, FL 00000	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE	VSD	L DELETE	2.1 TITLE		Change Addition
NAME	SWEENEY, CAROL J		2.2 NAME		
STREET ADDRESS	16857 FOX DEN SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000	Drugge	2.4 CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		_ otter	4.2 NAME		The outside The vention
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	511ITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		•
CITY-ST-ZIP			5 4 CITY-ST-7IP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME		·	6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	r certify that the information
officer or o	on this annual report or supplementa director of the convoration or the reco or Block 13 if grianged, or on an attic	ever or trustee empowered to e	rrate and that my signatu xecute this report as req	are shall have the same legal effect as if made puired by Chapter 607, Florida Statutes; and the	under oath; that I am an at my name appears in

D SURFIEL 1-9-90