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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90086 050 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F29833**

1. Corporation Name

CITY-ST-ZIP

SIGNATURE

Block 12 or Block 13 if changed, or on an attac

JOHN S. HULING DDS, MS, PA

Principal Place	e of Business	Mailing Address			I (EGILES (FIG. 1/1) a fold: \$1100 true of true of the state of the st	. .	# # #
% JOHN S HU	LING	% JOHN S HULIN	G				
2353 SW: 124TH STREET 00 8353 SW 124TH STREET					DO MOT MORE IN THE	00405	
MIAMI-FL 33156					DO NOT WRITE IN THIS	SPACE	
3/1 19	HIJI	33950			3. Date Incorporated or Qualifed 05/01/1981		
Reule	Exterde, 12				4. FEI Number	Ann	lied For
	lace of Business	2a. Mailing Addre	:55		59-2108221		Applicable
Suite, Apt.	# 010	26			39 2 10022 1	\$8.75 Ad	
22	#, 616.	27		ر و رسولو بیسار	5. Certificate of Status Desired	Fee Req	
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 N	Jay Be
23		28			Trust Fund Contribution	Added to	-
Zip	Country	Zip	C	Country	8. This corporation owes the current year Inta	angible	
24	25	29	30		Personal Property Tax.		⊒No ¦
	9. Name and Address of Currer		13-1		10. Name and Address of New Registered	Agent	
				81 Name			
	ING, JOHN S			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
- 8353	3 SW 124TH-STREET -	Λ Λ		62 Street Au	diess (F.O. Box Number is Not Acceptable)		
MAI	VII FL 33156 -/ C	Ψ ()		83			
311	Bayrings	ile,	_		- 4	; ;	-
Di	- Ulanda	· 70 33	3950) 84 City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1509 Florid	a Statutos the	a shove-named co	orporation submits this statement for the purpose of	changing its r	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang	e was authoriz	zed by the corpora	ation's board of directors. I hereby accept the appoir	ntment as reg	istered
-	m familiar with, and accept the obliga	ations of, Section 607.0	303, Fibrida Ci	talutos.			ł
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signature requ	uired when reinstating) DATE		- <u>-</u>
12.	Signature, typed or printed name of registered age OFFICERS At	nt and title if applicable.		ered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	R\$ IN 12
			1			D DIRECTOR	R\$ IN 12
12.	OFFICERS AF	ND DIRECTORS	LETE 1.	13.			
12. TITLE	OFFICERS AND DP	ND DIRECTORS	1. LETE 1.1	13. 1 TITLE			
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	ND DIRECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. 1 TITLE 2 NAME			
12. TITLE NAME	OFFICERS AND DP HULING, JOHN S	DE BAYRING	LETE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	13. .1 TITLE 2 NAME 3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP HULING, JOHN S	DE BAYRING	12 LETE 1.2 1.2 1.2 1.2 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP HULING, JOHN S	DE BAYRING	1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	DE BAYRING	11.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP HULING, JOHN S	DE BAYRING	12 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP.	OFFICERS AND DP HULING, JOHN S	Bourido	1. LETE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP. TITLE	OFFICERS AND DP HULING, JOHN S	Bourido	1. LETE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	Bourido	LETE 1: 1.2 1.3 1.4 1.4 1.4 1.5 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME	OFFICERS AND DP HULING, JOHN S	Bourido	LETE 1.2 1.3 1.4 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP- TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP HULING, JOHN S	Bayridge Harle	LETE 1.2. 1.3. 1.4. 1.4. 1.5. 1.5. 1.6. 1.6. 1.6. 1.6. 1.6. 1.6	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP 4 CITY-ST-ZIP 5 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP HULING, JOHN S	Bayridge Harle	LETE 1.2. 1.3. 1.4. 1.4. 1.5. 1.5. 1.6. 1.6. 1.6. 1.6. 1.6. 1.6	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	Bayridge Harle	LETE 1.2 1.3 1.4 1.4 1.4 1.4 1.5 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP HULING, JOHN S	Bayridge Harle	LETE 1.1.2.2.2.2.2.3.3.3.3.3.4.4.4.4.4.4.4.4.4.4	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP HULING, JOHN S	Bayridge Harde	LETE 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP HULING, JOHN S	Bayridge Harde	LETE 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.3 1.3 1.3 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	Bayridge Harde	1	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP HULING, JOHN S	Bayridge STONE DE	LETE 1.1 1.2 1.1 1.2 1.2 1.2 1.2 1.3 1.3 1.3 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY:ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP HULING, JOHN S	Bayridge Harde	LETE 1.2 1.2 1.2 1.3 1.4 1.4 1.5 1.4 1.6 1.6 1.6 1.6 1.6 1.6 1.6	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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