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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

•	MENT # <b>F465</b> 9 M J. SWIGLER, D.D.S., P	<b>\</b>			
Principal Place of Business  800 EAST OCEAN BLVD #227 STUART FL 34994		Mailing Address 900 East Ocean Bly Stuart FL 34994	/D #227	4 1641190 HALL BLANK STYDY OLIVYO TETER YATA BIBNY BLOTT STRAL BHANK BIBNY BIBLY BIBLY BIBLY BIBLY BIBLY BIBLY	
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/29/1981 01/18/1995	
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number Apoliec	d For
]   Suite, Apt. #	#, etc.	<b>26</b>		<b>59-2139392</b> Not Ap	
		27		5. Certificate of Status Desired \$8.75 Addit	
City & State		Crty & State		6. Election Campaign Financing \$5.00 value	
 Zip	Country	28		Trust Fund Contribution LJ Added to Fe	es
- 1	25	7)p	Country 30	8. This corporation has liability for intengible tax under s 199.00 Florida Statutes Yes No	32,
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	·
0141101 =1	5 LINI LIBAR .		81 Name		
SWIGLEI	R, WILLIAM J T OCEAN BLVD #227		82 Street	Address (P.O. Box Number is Not Acceptable)	
STUART	FL 34994		83		
	, 2 0 100 1		03		
			84 City	FL 85 Zip Code	
Tamiliar witr SNATURE s	n, and accept the obligations of Soc William J. Sur Struture, typed or printed name or registered at J	otion 607.0505, Florida Statutes.	ed by the corporation's  TE: Registered Agent signature in	prporation submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered agent.	ed of
	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
· 15	SWIGLER, WILLIAMJ	DEL CTE	1. 1 TITLE	☐ Change ☐ A	ddition
ET ADDRESS	900 EAST OCEAN BLVD 22	7	1.2 NAME 1.3 STREET ADDRESS		
-ST-ZIP	STUART, FL 00000		14 CITY - ST - ZIP		
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i : : : : : : : : : : : : : : : : : : :			2.2 NAME		
ELADDRESS -S1 ZIP			2 3 STREET ADDRESS		
		[] DELFTE	2.4 CITY-ST-ZIP 3. 1 TITLE		h die
			3.2 NAME	☐ Change ☐ Ac	ddition
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		□ nertit	6 1 TITLE	☐ Change ☐ Ad	ldition
EL ADDRESS			62 NAME 63 Street Address		
S1 - Zifr			SACITY OF NO		
I do hereby r	certify that the information supplied the information indicated on this con-	with this filing is voluntarily furnis	hed and does not quali	ly for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthurate and that my signature shall have the same legal effect as if made up this record to the same legal effect as if made up this record to the same legal effect.	ner
certify that #		aca report or supplicitiental annua	ai recort is true and acc	trate and that my signature shall have the same local effect on it made	ınder
oath; that La	함의 an officer or director of the corpo	pration or the receiver or trustee	empowered to execute	this report as required by Chapter 607, Florida Statutes; and that my name	me
oath; that La	Block 12 or Block 13 if changed, or d	pration or the receiver or trustee on an attachment with an addres	empowered to execute ss.	urate and that my signature shall have the same legal effect as if made ui this report as required by Chapter 607, Florida Stalutes; and that my nai	me