

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED
95 JUL 14 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F49139 (1)

1. Corporation Name
DAVID K. KLOKOW D.D.S., P.A.

Principal Place of Business Mailing Address
C/O DAVID K. KLOKOW 624 S. RIDGEWOOD AVE. #E DAYTONA BEACH FL 32114
C/O DAVID K. KLOKOW 624 S. RIDGEWOOD AVE. #E DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1981** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2155405** 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

2. Principal Place of Business 2a. Mailing Address
 21 **208 SOUTH BEACH ST.** 26 **208 S. BEACH ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KLOKOW, DAVID K. 208 S. BEACH ST. DAYTONA BEACH FL
 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 607.0502 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOKOW, DAVID K	12 NAME	
STREET ADDRESS	624 S. RIDGEWOOD AVE. #E	13 STREET ADDRESS	208 S. BEACH ST.
CITY, ST, ZIP	DAYTONA BCH FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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 11D 07(3)(b), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID K. KLOKOW **DAVID K. KLOKOW** 7/5/95 904.253.3413
(Signature, typed or printed name of signing officer or director)

CR2E034 (3/95)