

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F93000004560 (9)**

1. Corporation Name

ASSOCIATION DENTAL PLAN, INC.

Principal Place of Business

**2121 PRECINCT LINE RD.
HURST TX 76054**

Mailing Address

**2121 PRECINCT LINE RD.
HURST TX 76054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 121 E. Harwood Road

Suite, Apt. #, etc.

22 n/a

City & State

23 Hurst, TX

Zip

24 76054

Country

25 USA

2a. Mailing Address

26 121 E. Harwood Road

Suite, Apt. #, etc.

27 n/a

City & State

28 Hurst, TX

Zip

29 76054

Country

30 USA

3. Date Incorporated or Qualified

10/05/1993

3a. Date of Last Report

02/20/1996

4. FEI Number

52-1781037

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when functioning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE

NAME **ALEXANDER, GARY**
STREET ADDRESS **2121 PRECINCT LANE ROAD**
CITY-ST-ZIP **HURST TX**

TITLE **S** ☒ DELETE

NAME **VLACH, ROBERT**
STREET ADDRESS **4001 MCEWEN**
CITY-ST-ZIP **DALLAS TX**

TITLE **T** ☒ DELETE

NAME **LUBCZYK, BRIGITTE**
STREET ADDRESS **2121 PRECINCT LANE ROAD**
CITY-ST-ZIP **HURST TX**

TITLE **D** ☒ DELETE

NAME **SHERMAN, BRUCE DR.**
STREET ADDRESS **405 LEXINGTON AVE., TOWER #70TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10174**

TITLE **P** ☒ DELETE

NAME **SHARPE, FRED L DR.**
STREET ADDRESS **2121 PRECINCT LINE RD.**
CITY-ST-ZIP **HURST TX 76054**

TITLE **V** ☒ DELETE

NAME **JENSEN, JEFFREY**
STREET ADDRESS **2121 PRECINCT LINE RD.**
CITY-ST-ZIP **HURST TX 76054**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Peter R. Barnett**
1.3 STREET ADDRESS **13601 Preston Road, Suite 500 E**
1.4 CITY-ST-ZIP **Dallas, TX 75240**

2.1 TITLE **VP, S, T** ☒ Change ☐ Addition

2.2 NAME **Mark E. Pape**
2.3 STREET ADDRESS **13601 Preston Road, Suite 500 E**
2.4 CITY-ST-ZIP **Dallas, TX 75240**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **William H. Wilcox**
3.3 STREET ADDRESS **13601 Preston Road, Suite 500 E**
3.4 CITY-ST-ZIP **Dallas, TX 75240**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Mark E. Pape

7/22/97 800-262-5388

CR2E034 (4/97)