

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
 09-15-1999 90005 048 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **F98000005771**  
 Corporation Name  
**WICHITA FALLS TECH, INC.**



Principal Place of Business  
**WEST DENTAL EQUIPMENT & SUPPLY**  
**BOX 4802**  
**WICHITA FALLS TX 76308-0802**

Mailing Address  
**MIDWEST DENTAL EQUIPMENT & SUPPLY**  
**P.O. BOX 4802**  
**WICHITA FALLS TX 76308-0802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/15/1998**

4. FEI Number  
**75-2261471**

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 owes the current year Intangible Personal Property.  Yes  No

26 Mailing Address  
 Suite, Apt. #, etc.

27 City & State

28 Country Zip Country

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

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

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 reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS -ZIP	P LEVASSUER, MATTHEW E 4317 CHELSEA DR. WICHITA FALLS TX 76309 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	ST LEVASSUER, KAREN F 4317 CHELSEA DR. WICHITA FALLS TX 76309 <input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	

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

SIGNATURE: *Matthew E. Levassuer* 9/10/99 *Matthew E. Levassuer* 9/10/99  
**REDANNE KOWALICK** 9/6/99 940) 691-7912

CR2E034 (5/99)