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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J18592 TODE DENT-A-CAD INC

(2)

FILED Apr 22 1998 8:00am Secretary of State

IOF3 F	ENT-A-DAN, IND.					
Principal Place	of Business	Mailing Address				National Milita did is dente foot
3511 N. ANDREWS AVE.		3511 N. ANDREWS AVE.				
OAKLAND PK.		OAKLAND PK. FL 33309				
					DO NOT WRITE IN THIS	S SPACE
					3. Date incorporated or Qualified 06/10/1986	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		<u>59-2681273</u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	T		Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the c	urrent year Intangible
24	9. Name and Address of Current	29	30]		Personal Property Tax due June 30. 10. Name and Address of New Registered	
nn		r neglisteren wyerit		81 Name	10. Maine 2110 Address of New Hegisters	a Agont
	ADLEY, D.A.			1100		
2525 BAYVIEW DR.				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33305				83		· · · · · · · · · · · · · · · · · · ·
				03		
			1	84 City	F	85 Zip Code
11 Pursuant t	o the provisions of Sections 607.0503	2 and 607 1508. Florida Stali	ites the ab	ove-named o		_
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.						
agent. I ar	n tamiliar with, and accept the obliga	itions of, Section 607.0505, F	Iorida Stati	ites		
SIGNATURE .	Signature, typed or printed name of registered ager	Mary the discourage of the transfer of the tra	TL Dagielored	Augnt cionalura v	equired when reinstating) DATE	
12.	OFFICERS AND	 	13.	Agent signature it	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	P/D	DELETE	1,1 TiT	LE		Change Addition
NAME	BRADLEY, DALE A		1.2 NA	ME		
STREET ADDRESS	2525 BAYVIEW DR.		1351	REET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1	Y-ST-ZIP		
TITLE	-3	DELETE	2.1 TIT			Change Addition
NAME	KOEHLER, PATRICIA	_	2.2 NA			-
STREET ADDRESS	2525 BAYVIEW DR.		1	REET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL			Y - ST - ZIP		
TITLE		DELETE	3.1 TIT			Change Addition
NAME		-	3.2 NA			•
STREET ADDRESS				HEET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	4,1 317			Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TiT			Change Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
44 4 4 4 4 4 4 4	- Alf - At - A At - 1 - F	the thin filling who a make a solid.	for the eve		Lin Continu 110 07(2Vi) Florida Ctatutas I further	partify that the information

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 of or available ment with in address.