

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J33855** (4)

1. Corporation Name

**GORDON DENTAL, INC.**



Principal Place of Business

Mailing Address

% POLA GORDON  
1600 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

% POLA GORDON  
1600 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified **09/12/1986** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc *Same*

26. Suite, Apt. #, etc

22. City & State *11*

27. City & State

23. Zip Country *11*

28. Zip Country

24. Zip Country *11*

29. Zip Country

30. Country

4. FEI Number **59-2764418** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, POLA  
111 BRINY AVENUE  
APT. #209  
POMPANO BEACH FL 33062**

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 *Polia Gordon* DATE **6-10-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, POLA</b>	
STREET ADDRESS	<b>111 BRINY AVENUE #2209</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address

SIGNATURE: *Polia Gordon* DATE: **6-10-96** (Type or Print Name of Signing Officer or Director) **305-944 9534**

CR2E034 (3/96)