Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90125 047 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K01229

1. Corporation Name

IDENTITECH, INC.

DENTIFEST, INC.					
Principal Place of Business	Mailing Address		I (66/51)) and mater (16/6 ) and (18/8 ) and	aldit 8:8:1 4:51: 8:21: 6:21: 1-21	
780 S APOLLO BLVD MELBOURNE FL 32901 US	780 S APOLLO BLVD MELBOURNE FL 32901 US		DO NOT WRITE IN THIS	S SPACE	
			3. Date Incorporated or Qualifed 11/10/1987		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-28775 <u>80</u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional—— Fee Required	
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country  24 25	Zip 29 30	Country	This corporation owes the current year In Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KAHN, MICHAEL H ESQ 780 S APOLLO BLVD MELBOURNE FL 32935		81 Name 82 Street /	Address (P.O. Box Number is Not Acceptable)		
		84 City	Fl	85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.         office or registered agent, or both, in the St         agent. I am familiar with, and accept the ob</li> </ol>	ate of Florida. Such change was auth	ionized by the corpo	corporation submits this statement for the purpose o tration's board of directors. I hereby accept the appora-	f changing its registered nintment as registered	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE	·	

- •								
SIGNATURE    Compared to district page of continuous and continuous and title if prolicable   (NOTE: Registered Agent signature required when registating)   DATE								
Signature, typed of primed rating of registered agent and one in approache.								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
TITLE	DELE	TE 1.1 TITLE	C FO Change	Addition				
NAME	GILGER, KERRY D.	1.2 NAME	Hugh C. Jacobs, Jr	}				
STREET ADDRESS	780 S APOLLO BLVD	1.3 STREET ADDRESS	Same	İ				
CITY-ST-ZiP	MELBOURNE FL	1.4 CITY-ST-ZIP						
TITLE	VP DELE	TE 2.1 πLE	Change	Addition				
NAME	GILGER, MIKE D.	2.2 NAME	Paul J. Collins, Jr.	1				
STREET ADDRESS	780 S APOLLO BLVD	2.3 STREET ADDRESS	Same					
CITY-ST-ZIP	MELBOURNE FL	2. 4 CITY-ST-ZIP						
TITLE	SECT DELI	ETE 3.1 TITLE	William H. Whapples Change	Addition				
NAME	WATT, BIBA	3.2 NAME	VP					
STREET ADDRESS	780 S APOLLO BLVD	3.3 STREET ADDRESS	Same	}				
CITY-ST-ZIP	MELBOURNE FL	3.4. C/TY-ST-Z/P						
TILE	VP DELI	ETE 4.1 TITLE	☐ Change	Addition				
NAME	SINGLETON, PAUL L	4. 2 NAME						
STREET ADDRESS	780 S APOLLO BLVD	4.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP						
TITLE	CFO DELL	S.1 TITLE	☐ Change	☐ Addition				
NAME	DESJARLAIS, JAMES P	5.2 NAME		ļ				
STREET ADDRESS	780 S APOLLO BLVD	5.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP						
TITLE	VP □ DELE		Change	Addition				
NAME	LEWIS, NICHOLAS L.	6.2 NAME		İ				
STREET ADDRESS	780 S-APOLLO BLVD	6.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP		ĺ				

14. 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 feetiver 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 or the action of the corporation or the feetive empowered.

SIGNATURE: