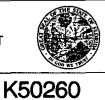
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE: RAYMON DESTINATION

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90006 018 ***550.00



					{			
Principal Place	e of Business	Mailing Address			ļ			
% RAYMOND J. FRANCONI, DDS 10852 N KENDALL DR #112 MIAMI FL 33176		% RAYMOND J. FRANCONI. DDS 10852 N KENDALL DR #112			DO NOT WRIT	E IN THIS S	PACE	
		MIAMI FL 33176		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					12/09/1988			
2 Principal Ph	ace of Rusiness	2a. Mailing Address			4. FEI Number	_	As	oplied For
2. Principal Place of Business		26			65-0086449			ot Applicable
21]		Suite, Apt. #, etc.					Additional	
22		27		5. Certificate of Status Desired	Ш	Fee R	equired	
City & State		City: 8: State			6. Election Campaign Financing		\$5:00	May Be
23		28			Trust Fund Contribution	Ш		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year		_
24	25	29	30		Intangible Personal Property.		Yes _	No
 -1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
		<u> </u>	81	Name				
	NCONI, RAYMOND J., DDS		82	Street Addr	rees (P.O. Box Number is Not Acceptate	nle)		
	2 N KENDALL DR #112		02	Sueet Moor	ddress (P.O. Box Number is Not Acceptable)			
SUIT	E 101		83	3				
MIAM	/II FL 33176				<u> </u>		[ps] 7:	Code
			84	City		FL	85 Zip	Code
office or r	to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by	the corporati	oration submits this statement for the purion's board of directors. I hereby accept	rpose of cha t the appoint	nging its re ment as re	egistered egistered
		and 10 or, 000 and 10 or, 10 o	maa otatates	3 .				
SIGNATURE					quired when reinstating)	DATE		
	Signature, typed or printed name of registered age				quired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NO	OTE: Registered A				DIRECT(DRS IN 12
12. TITLE	Signature, typed or printed name of registered age OFFICERS AND	int and title if applicable. (NC	TE: Registered A					$\overline{}$
12. TITLE	Signature, typed or printed name of registered age OFFICERS AND D FRANCONI, RAYMOND J.	nt and title if applicable. (NO	13.	gent signature req				$\overline{}$
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND D FRANCONI, RAYMOND J. 10852 N KENDALL DR #112	nt and title if applicable. (NO	13. 1.1 TITLE	gent signature req				$\overline{}$
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