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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53443

(3)

FREDERICK H. WAGGENER, D.D.S., P.A.

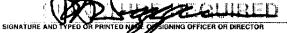
FILED Apr 24 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						4 (BB) BIN BB(BNOD ININ BUD!	A SOCIALIS CON ENIOR WITH CITAL BUTTO THE CHAIN CHAIN CLASS COURT AND STATE COLU				
C/O FREDERICK H. WAGGENER, D.D.S. 200 SOUTH COURTENAY PARKWAY MERRITT ISLAND FL 32952		200	C/O FREDERICK H. WAGGENER. D.D.S. 200 SOUTH COURTENAY PARKWAY MERRITT ISLAND FL 32952-4857								
				_ 100,			3. Date Incorporated or Q 01/01/1989	ualified		ate of Last F 25/1996	Report
·····	Place of Business		Mailing Address				4. FEI Number			***************************************	pplied For
Suite, Apt	#. elc	26	Suite, Apt. #, etc.				59-2947445				ot Applicable Additional
22		27	,				5. Certificate of Status De	sired			equired
City & Sta	le:		City & State				6. Election Campaign Fina	_		\$5.00	May Be
23	Country	28	7 ₁₂ 5	T ~	untry		Trust Fund Contribution				to Fees
Zip 24	25	29	Zip	30	Juritry		8. This corporation has lia Florida Statutes		ntangible] Yes = [s. 199.032,
<u> </u>	9. Name and Address of Curre		ered Agent	1001	T		10. Name and Address of				
WAI	GGENER, FREDERICK H. D.D.S.				81	Name	}				11.
	SOUTH COURTENAY PARKWA				82	Street	Address (P.O. Box Number is Not A	cceptab	ie)		
MEF	RRITT ISLAND FL 32952										
					83						,
					84	City			FL	85 Zip	Code
11 Possisoit	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statu	tes the	above	-name	d corporation submits this statement	for the n		changing i	ts registered
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida	 Such change was: 	authoriz	ad hu	the co	rporation's board of directors. I here	by accep	t the app	ointment as	registered
SIGNATURE	Sitgman are disposit to posited name of registered a	nent and title if	apolicable (NO	TE Registe	red Ane	ni sionalu	re required when reinstating)		DATE		
12.	OFFICERS A			13			ADDITIONS/CHANGES 1	O OFFIC		DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1	TITLE					Change	Addition
NAME	WAGGENER, FREDERICK H.			1.2	NAME						
STREET ADDRESS	1	WY				ADDRESS					
CITY+S!+ZIP TITLE	MERRITT ISLAND FL TS		DELETE		CITY-S TITLE	T-ZIP				Change	Addition
NAME	WAGGENER, TERESA Y		L_J DECEL		NAME					Change	Addition
STREET ADDRESS	6321 QUARTER HORSE CIRC) F				ADDRESS					
CITY - S* - ZIP	COCOA FL	· —		1	CITY-S						
TITLE			DELETE		TITLE			·····		Change	Addition
NAME				3.2	NAME		•	,			
STREET ADDRESS				3.3	STREET	ADDRES S					
CITY - ST - ZIP		*** **** ****	Driete		CITY-5	ST-ZIP				Change	Addition
TITLE NAME			☐ DELETE	1	TITLE Name					☐ Change	Addition
STHEFT ADDRESS				1		ADDRESS					
City+S1+ZiP					CITY-S						
TITLE			☐ DELETE		TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME				5.2	NAME	•					*
STREET ADDRESS				5.3	STREET	ADDRESS					
C-TY - S1 ZIP	ļ		T December		CITY-S	T-ZIP					T target.
TITLE			DELETE	- 1	TITLE					☐ Change	Addition
NAM:					NAME	IDARES"					
STREET ADDRESS				1		ADDRESS					
C TY+S1+ZIP	L			■ 6.4	CITY-S	1-11	1				

14. I do 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:



4-16-97 401-452-8190