

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K86212 (3)
1. Corporation Name
GIANNINI, KONECNY, & STRICKLAND, D.D.S., P.A.



Principal Place of Business
5560 BEE RIDGE RD STE 13-14
SARASOTA FL 34233

Mailing Address
8620 SO TAMiami TrL
STE A & C
SARASOTA FL 34238-3045
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1989	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0118052	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, RICHARD L 2881 MALL DRIVE SARASOTA FL 34231		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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/D	1.1 TITLE	
NAME	GIANNINI, ALESSANDRO A.	1.2 NAME	
STREET ADDRESS	8620 SO TAMiami TrL, STE A&C	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DTV	2.1 TITLE	
NAME	KONECNY, THOMAS J.	2.2 NAME	
STREET ADDRESS	5560 BEE RIDGE RD, STE 10-14	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP/D	3.1 TITLE	VP/D
NAME	STRICKLAND, GEORGE N	3.2 NAME	Strickland, George N
STREET ADDRESS	2200 GULF GATE DR	3.3 STREET ADDRESS	5560 Bee Ridge Rd. Ste. 10-14
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  A.A. Giannini 4-17-97 941-966-1803

CR2E034 (9/96)