Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L05602

1. Corporation Name

Principal Place of Business

YASHIKI DENTAL STUDIO, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State
04.14.1000.00000.000.***1.50.00



2141 MAIN STREET STE. L DUNEDIN FL 34698 US		2141 MAIN ST. STE. L DUNEDIN FL 34698 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/28/1989			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			59-2962117		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country 25	Zip 29 3	Country		This corporation owes the current year Int Personal Property Tax.	angible XYes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
	LNIZE IZAN		81	Name			
YASHIKI, KAY 1815 GREENWOOD DR			82 Street Ad		ress (P.O. Box Number is Not Acceptable)		
OLD	SMAR FL 34667		83				
			84		FL		Code
agent. I a	to the provisions of Sections 607.05( egistered agent, or both, in the State m familiar with, and accept the obliga- Signature, typed or printed name of registered age	ations of Section 607.0505, Florid	da Statutes		oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint the appoint of the purpose of the appoint of the purpose of the appoint of the appo		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	<b>D</b> ,	DELETÉ	1.1 TITLE			Change	Addition
NAME	YASHIKI, KAY		1.2 NAME				}
STREET ADDRESS	2141 MAIN STREET		1.3 STREE	ADDRESS			}
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	ļ		☐ Change	e
NAME	YASHIKI, SHARI V		2.2 NAME			•	
STREET ADDRESS	2141 MAIN STREET			TADDRESS			
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY 5	T-ZiP			
TITLE	-n	☐ DELETE	3.1 TITLE			☐ Change	e 🗌 Addition
NAME			3.2 NAME				1
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	<del></del>	— — — — — — — — — — — — — — — — — — —	3.4. CITY-S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE				* CT MODICION
NAME			4.2 NAME				1
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TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ change	, LJ AQQIUON
NAME				T ADDRESS	•		ſ
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-211		Change	Addition
TITLE		□ nerele				□ change	; L. Accidon
NAME	earte e com		6.2 NAME	- 1000-00			
STREET ADDRESS	Charles to the state of the sta		I .	T ADDRESS	•		į
CITY-ST-ZIP	Ber to the		6.4 CITY-S	T-ZIP	•		

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 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, with all other like empowered.

SIGNATURE: