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

**PROFIT** CORPORATION ANNUAL DEDOOD



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

AININ	1997		35.5	Secreta DIVISION OF	ary of State CORPORA	TIONS	Secretai	y or St	ale
1	MENT # on Name STEAD DENTA	L21303 L ASSOCIATE		(7)				1 91014 81841 81811 81811 8181	
Principal Plac	ce of Business		Mailing A	Address		······································		i quali qiqii quali şişli qua	i alul uf
9701 BISCAYNE BLVD. MIAMI FL 33138 US		P.O. BOX 330072 MIAMI FL 33233-0072 US							
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<b>⊢</b> ⊸. ′	Place of Business		2a. Mailin	g Address			4. FEI Number 65-0151394		ot Ap ilcable
Suite, Apt	#, elc.			Apt. #, etc.		<del></del>		60 76	Additional
22			27	, ,			Certificate of Status Desired		equired
City & Sta			28	State			Election Campaign Financing     Trust Fund Contribution	D Added	May Be to Fees
Z <sub>i</sub> p	F	Country	Zip		Coun	try	8. This corporation has liability for	intangible tax under : Yes 🔲 No	s. 199.032,
24	9 Name and	Address of Curre	29  Int Registered A	Agent	[30]		Florida Statutes  10. Name and Address of New Re		
RF	RNSTEIN, JOEL					Name			
	01 BISCAYNE BL	VD.			-	Street Ad	dress (P.O. Box Number is Not Acceptat	)(a)	
	AMI FL 33138					Street Act	idioss (1.0. box rainbei is not Acceptat	, io	
					₹	33			
									1
1					E	34 City		85 Zip	Code
				0.5	ŀ			FL I '	
11. Pursuant office or	t to the provisions or registered agent, o	of Sections 607.05 or both, in the Stat	02 and 607.150 e of Florida, Suc	8, Florida Statu ch change was	ŀ		orporation submits this statement for the praision's board of directors. I hereby acceptation's	FL I '	
}	t to the provisions or registered agent, or am familiar with, ar	of Sections 607.05 or both, in the Stat and accept the oblig	02 and 607.150 e of Florida. Suc galions of, Section	8, Florida Statu chi change was on 607.0505, F	ŀ		orporation submits this statement for the pration's board of directors. I hereby accept	FL I '	
11. Pursuant office or agent 13		of Sections 607.05 or both, in the State and accept the oblighted mane of registered as			ites, the abo authorized forida Statu	ove-named co by the corpor tes.	quired when reinstating)	purpose of changing of the appointment as	its registered s registered
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64 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 ennual 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:

٠٠ (٧ مرهس O TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

May 05 1997 8:00am