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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61748

(4)

1. Corporation Name

JOHN J. MORGAN, D.D.S., P.A.



Principal Place of Business

90 US 27 N
SUITE 60
SEBRING FL 33870
US

Mailing Address

DBA THE SMILE EMPORIUM
8800 SE COLONY ST.
HOBE SOUND FL 33455-4408

3. Date Incorporated or Qualified

03/26/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 901 US 27 No.

26 D/B/A The Smile Emporium

4. FEI Number

65-0185697

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 60

27 901 US 27 No. STE. 60

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Sebring FL

28 Sebring FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33870

25 US

29 33870

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED YORLOFF
6287 WINDLASS CIRCLE
STE. 46
BOYNTON BEACH FL 33437

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MORGAN, JOHN J.
STREET ADDRESS 8800 SE COLONY ST.
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MORGAN, JOHN J.
1.3 STREET ADDRESS 1224 SW LAKEVIEW DR.
1.4 CITY-ST-ZIP SEBRING, FL 33870

TITLE V ☐ DELETE

NAME MORGAN, JOHN J J
STREET ADDRESS 8681 WINDY CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ~~MORGAN, JOHN J.~~
2.3 STREET ADDRESS ~~1224 SW LAKEVIEW DR.~~
2.4 CITY-ST-ZIP ~~SEBRING, FL 33870~~

TITLE ST ☐ DELETE

NAME MORGAN, KARIN
STREET ADDRESS 8800 SE COLONY ST.
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ST MORGAN, KARIN
3.3 STREET ADDRESS 1224 SW LAKEVIEW DR.
3.4 CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/97 941-471-1176

0325716

CR2E034 (9/96)