SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



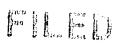
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 66770

(3)



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SECRETARY OF STATE TALLAHASSEE FLORIDA

NATION			ROGRAMS, I			(0)	,						(IARINAN DIA BINA DUN JARIN 1831	8.3 818 818		
A 1 7 . m.												1				[8]]
Principal Place		Mailing Address							ł							
7000 NW 17TH ST #102					7000 NW 17TH ST. Suite 102											
PLANTATION FL 33313					PLANTATION FL 33313								DO NOT WR	ITE IN THIS S	SPACE	
					US		00010					3.	Date Incorporated or Qualific	d 3a. Da	te of Last	Report
													04/18/1990	05.	<i>(</i> 01/199(ا ،
2. Principal Place of Business					2a. Mailing Address Old Dominion 1						0	4.	FEI Number			Applied For
21					26 20 80 Old D					Mió	1 Ka	Ì	65-0189923	,		Not Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.							1	Certificate of Status Desired	П	\$8.75	Additional
22					27							0.	. Certificate of Status Desired	ш	Fee	Required
City & State					City's State							6.	Election Campaign Financing		\$5.0	D May Be
23									Georgia			ļ.,_	Trust Fund Contribution		Added	d to Fees
Zip		L co	untry	L	Zip	2-4	_		Country	CA		8.	This corporation owes or has	paid the cur	rent year t	filangible
24								30	o Country A			Personal Property Tax due June 30.				
			ddress of Currer	it Reg	stered .	Agent				1		10.	Name and Address of New	Registered .	Agent	
	OY, GARY								81	Name	9					
7000 NW 17TH ST #102									82	Stree	eet Addres		O. Box Number is Not Accep	table)		
PLANTATION FL 33313									<u> </u>		,					
									83							
									84	City				FL	85 Zır	Code
11. Pursuant	to the provis	sions of	Sections 607.050	2 and	607.150	8. Florida	a Slalule	is. In	e abov	Le-name	d corpo	ratio	on submits this statement for th		changing	its registered
office or r	egistered ag	gent, or	both, in the State	of Flo	orida. Suc	ch chang	e was a	utho	rized by	the co	rporatio	on's t	on submits this statement for the board of directors. I hereby ac	cept the app	ointment a	s registered
SIGNATURE	III ICII HIICI W	nit, and	accept the doing	anons	UI, 300IF	OII DOT.U	000, 1 10	liua	Statute:	э.						
SIGNATURE	Signature, typed	d or printed	namo of registered age	on and	itle if applice	oble	(NOTE	Regi	stered Age	ent signate	re required	d when	n reinstating)	DATE		
12.			OFFICERS AN	D DIR	ECTORS			Ŀ	13.				ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	DP					☐ DET	ETE	ľ	1.1 TOTLE		1				Change	Addition
NAME	ALLOY,							1	1.2 NAME							
STREET ADDRESS					1			1.3 STREET ADDRESS								
CITY-ST-ZIP	PLANTA	TION I	·L						1.4 CITY - 5	I-ZIP						
TITLE	VP					☐ DEL	ETE	2	2.1 TITLE		1		•		Change	□ Addition
name	ALLOY,							7	2.2 NAME							ŀ
STREET ADDRESS			MINIÓN RD.					2	2.3 STREET	ADDRESS	.					İ
CITY-ST-ZIP	ATLANT	A GA					 	-	2 4 CITY-	ST-ZIP			λ.		·	
TITLE						DEL	ETE	3	3.1 TITLE		1				☐ Change	
NAME								3	3.2 NAME				8000002 -08/1	<u>iz</u> jo	818	9776
STREET ADDRESS								9	3.3 STREET	ADDRESS	: [-08/1	3/9/~-0	1013-	-008
CITY-ST-ZIP									3.4. CITY-	ST-71P			界米学派	165.00		165.00
TITLE			_			DEL	ETE	4	4.1 TITLE						∐ Change	Addition
NAME								4	4. 2 NAME							
STREET ADDRESS								4	4.3 STREET	ADDRESS	1					
CITY-ST-ZIP								4	1.4 CITY - S	T - 71P	l					
TITLE						☐ DEL	FTE		51 TITLE				,		☐ Change	Addition
NAME								9	5.2 NAME		1					Ì
STREET ADDRESS									5.3 STREET	ADDRESS	:					
CITY-ST-ZIP									5.4 CITY - S	1 - 21P	J					
TITLE			. ,			DEL	ETE	6	5.1 TITLE						Change	Addition
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STREET ADDRESS								6	6.3 STREET	ADDRESS					MO	
CITY-ST-7IP								1	SA CITYA S						אאו	-

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 eath; 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 charged, or on an attachment with an address.



NATIONAL DENTAL PROGRAMS, INC.

7000 Northwest 17th Street, #102 Plantation, Florida 33313 (404)705-8500

August 4, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Document # L66770

FEI Number: 65-0189923

To whom it may concern:

We did not receive the first 1997 corporation annual report for National Dental Programs, Inc., and just received the second notice. Since 1982, I have had a Florida Corporation and have never missed paying on time. I called your offices and spoke with Tammy, who told me to send in the \$165 with an explanation, which I am now doing.

Please accept this as my payment, as the first notice was never received. Thank you very much.

Sincerely,

Gary Alloy President