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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED Feb 03 1998 8:00am Secretary of State

Principal Place 1700 UNIVI	PAGE D. GREEN, D.D.S., P.A. De of Business ERSITY DRIVE RINGS FL 33071	()		DO NOT WRITE IN THI	
				 Date Incorporated or Qualified 08/28/1990 	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0216227	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	
P	9. Name and Address of Curren PRENNERS, STEBEN R.	Registered Agent	81 Name	10. Name and Address of New Registere	d'Agent
3 8	200 UNIVERSITY DRIVE SUITE 208 CORAL SPRINGS FL 33085			ldress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	to the provisions of Sections 607,0506 egistered agent, or both, in the State in familiar with, and accept the obligations of the state		es, the above-named co authorized by the corpor orida Statutes Registered Agent signature req	prporation submits this statement for the purpose ation's board of directors. I hereby accept the apparent when reinstains and the purpose pured when reinstains and the purpose purpo	of changing its registered pointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P OPERN OF ADOR D	☐ DELETE	1.1 TITLE		Change Addition
NAME Street adoress	GREEN, GEORGE D 1700 UNIVERSITY DR 201		1.2 NAME 1.3 STREET ADDRESS		Š
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-ST-7IP		6
TITLE		DELET E	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-S1-7IP 3.1 TITLE		Change Addition
NAME		Otten	3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ľ
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP		Channa Laddition
NAME		₹_1 prfft.if	61 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
	ertify that the information supplied with	n this filing does not qualify for	f the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further of	ertify that the information

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. 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 an attachment with an address.