SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON THE BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

**✓**PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT EECKLIARY OF STATE DIVISION OF CORPORATIONS Secretary of State 1999 DIVISION OF CORPORATIONS **DOCUMENT #** 99 JUL 26 AM 10: 26 M35423 GENE H. TONN, D.D.S., PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 7500 NW 5TH ST 7500 NW 5TH ST **PLANTATION FL 33317-1612** PLANTATION FL 33317-1612 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2702572 21 26 Not Applicable Suite Ant # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Zip Country 8. This corporation owes the current year X Yes Intangible Personal Property. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TONN, GENE H. Street Address (P.O. Box North NAR 2550 -- 1 82 7500 NW 5TH ST -07/27/99--01037--002 PLANTATION FL 83 \*\*\*\*150.00 \*\*\*\*150.00 84 Zip Code City 85 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) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE PD 1.1 TITLE Change Addition DELETE TONN, GENE H. 1.2 NAME NAME 7500 NW 5TH ST STREET ADDRESS 13 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2 1 TITLE Change Addition DELETE TONN, JANE A. 22 NAME 7500 NW 5 ST STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE TITLE Addition 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6 1 TITLE Change Addition DELETE 62 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-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.

GENE H TONN

## GENE H. TONN, D.D.S. 7800 N.W. 8TH STREET, BUITE 103 PLANTATION, FLORIDA 33317 4379

TELEPHONE (6007-581-0100

July 2, 1999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ATTN: SEAN TONER

Re: Gene H Tonn, D.D.S. Professional Association

FEI Number 59-2702572

Dear Sir:

We just received our Corporate Annual Report which was apparently lost in the mail. We have timely paid and filed the Annual Report consistently in the past.

We enclose the \$150 filing fee and the 1999 Annual Report with this request for you to abate the late filing penalty.

Sincerely,

President