Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90061 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT# M91307 S CANO, D.D.S., P.A.	/				
Principal Place	e of Business	Mailing Address		f imarbart tim fault trade treit amber tonn	81911 81811 919 11 8	****
2176 TAMIAMI	TRAIL N	320 SEAVIEW CT				
NAPLES FL 33940					0.001.00	
US		MARKO ISLAND EL SATAS		DO NOT WRITE IN THIS SPACE		
		08		3. Date Incorporated or Qualifed		
				07/27/1988		
2. Principal Pl	lace of Business	2a. Mailing Address	الدائيموسائين	4. FEI Number	H	plied For
21		26 2176 tamia	MICTRALL P.	65-0050720	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re	
22		City & State		A Florida Contactor Financian	\$5.00	
City & State	e	⊢ b las las	ED2	6. Election Campaign Financing Trust Fund Contribution	Added t	
Zip	Country		Country	8. This corporation owes the current year In		- 1000
	25	29 34102 3	u S	Personal Property Tax.		□No
24	9. Name and Address of Currer		1	10. Name and Address of New Registered	d Agent	
	3. Name and Addicas of Carter	it regional rigarii	81 Name	340 5 Collies # 205		
CAN	O, CARLOS, D.D.S.) 10 =		
	SEAVIEW CT #901		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MAR	CO-ISEAND FE-34145		83			
l			84 City	Arlo topond FI	85 Zip 9	0de 4/45
office or r	registered agent, or both, in the State	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose only board of directors. I hereby accept the appropriate the purpose of the pu	of changing its	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.	1619	4	gistored
agent. I a	om familiar with, and)accept the obligation	etions of, Section 607.0505, Florid	da Statutes.	1/9/9	9	
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Floric	da Statutes. Legistered Agent signature require	od when reinstating) // 9/9 DATE	9	- <u>-</u> -
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	etions of, Section 607.0505, Florid	da Statutes.	1/9/9	9	- <u>-</u> -
agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Floric ont and title if applicable. (NOTE: R ND DIRECTORS	da Statutes. egistered Agent signature require	od when reinstating) // 9/9 DATE	AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME	om familiar with, and accept the obligation of t	ations of, Section 607.0505, Floric ont and title if applicable. (NOTE: R ND DIRECTORS	1a Statutes. 13. 1.1 TITLE 12 NAME	od when reinstating) // 9/9 DATE	AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PS CANO, CARLOS 320 SEAVIEW CT #901	ations of, Section 607.0505, Floric ont and title if applicable. (NOTE: R ND DIRECTORS	13 Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	od when reinstating) // 9/9 DATE	AND DIRECTO	RS IN 12
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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, open an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-403-4300