NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90009 046 \*\*\*\*70.00

## DOCUMENT # N9400000858

AMERI S, INC		INARY DENTAL TECHNICI	AN					
Principal Pl	lace of Business	Mailing Address	_		7			
316 SHORE VENICE FL	- · · <del>-</del>	316 SHORE ROAD VENICE FL 34285						
2. Principa	al Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/08/1994			
	pt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0472406			
City & State City		City & State	_		5. Certifcate of Status Desired	\$8 F		
Zip	Country 25	Zip	Country		6. Election Campaign Financing Trust Fund Contribution	\$! A		
24	9. Name and Address of Co		<del>**</del>		10. Name and Address of New Registered A	gent		
			81	Name				
	GERARD B IORE ROAD		82	Street A	ddress (P.O. Box Number is Not Acceptable)			
1	FL 34285		83					
			84	City	FL	85		
l office (	or registered agent of both in the S	7.0502 and 617.1508, Florida Statute State of Florida. Such change was at bligations of, Section 617.0503, Flor	utnonzea ov	THE COLDO	orporation submits this statement for the purpose of cleation's board of directors. I hereby accept the appoint	hang men		
SIGNATUR	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:	Registered Age	nt signature red	quired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	D	☐ DELETE	1.1 TITLE		·/			
NAME	NELSON, JOHN		1.2 NAME	9	EDNA L.SELIH			
[	ADER IN CARTLUST	I . a arres	711-611-08-80					

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Zip Code

office or re	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was autr im familiar with, and accept the obligations of, Section 617.0503, Florid	orized by the corp	oration's board of directors. I hereby acc	ept the appointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	<del></del>
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	RS IN/12
TITLE	D DELETE	1.1 TITLE		Change	Addition
NAME	NELSON, JOHN	1.2 NAME	EDNA L. SELIH		
STREET ADDRESS	1656 W. 240TH ST.	1.3 STREET ADDRESS	316 < NO RE RD.		
CITY-ST-ZIP	HARBOR CITY CA 90710	1.4 CITY-ST-ZIP	Venice, F1 34285		
TITLE	D DELETE	2.1 TITLE		Change	☐ Addition
NAME	GESSNER, KATE	2.2 NAME			
STREET ADDRESS	1656 W 240 STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	HARBOR CITY CA	2, 4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	SELIN, GERARD B	3.2 NAME			
STREET ADDRESS	316 SHORE RD.	3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285	3.4. CITY-ST-ZIP			
TITLE	D DELETE	4,1 TITLE		Change	Addition
NAME	BOWMAN, KENNETH	4. 2 NAME			
STREET ADDRESS	1656 W 240 ST	4.3 STREET ADDRESS			
CITY-ST-ZIP	HARBOR CITY CA 90710	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		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS	, ·	6.3 STREET ADDRESS			
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address with all other like empowered.

SIGNATURE: