SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT, 1998

SIGNATURB



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnern

Secretary of State 1

**FILED** 

Sep 03 1998 8:00am<sup>6</sup>

Secretary of State

DOCUMENT # N9400005918 (7)

## CHILDRENS DENTAL ARCADE FOUNDATION INC.

CHILDRENS DENTAL ARCADE FOUNDATION INC.				L LEGILLOG BIG LOUIS BROW DOWN DOWN DRIVE OR HIS BOOM DIVER DIE HELD LIEGE FAND
Principal Place of Business		Malling Address		
Principal Plac	e or business	Malling Address		
2328 10TH AV	E N	2328 10TH AVE N		3. Date incorporated or Qualified
2-C		2-C Lakeworth FL 33461		12/02/1994
LAKEWORTH FL 33461 US		US		4. FEI Number Applied For
0.0	Variable Durchase	Lo. Mallin Address		65-0538060 Not Applicable
21 515 N	J. Flagler DR	26. Malling Address 26. 5. 6. W. Flo	ngler DR	5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulto, Apr. #, etc. 22 # 300 - P 27 # 35			9	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 West Palm beach Fl 28 West Palm			- Beach Fl	7. Is this nonprofit corporation a homeowners association?  Yes No
Zlp	Couptry .	Zip / O /	Country	8. This corporation owes or has paid the current year intengible
24 33Y			30 QO	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC  82 Street Address (P.O. Box Number is Not Acceptable)				
4521 PGA BLVD SUITE 211				
PALM BEACH GARDENS FL 33418			**	
B4 City				FL 85 Zip Code
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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				
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 617.0503, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D AMES D	☐ DELETE	I	ruich James R. Mchange Ll Addition
NAME	QUICK, JAMES R			orthbridge Centre West Palm Brach
STREET ADDRESS	2328 10TH AVE N STE 203 LAKEWORTH FL		1.4 CITY-ST-ZIP	5 N. Flagler DR. #200 - P West Palm Brach F1 33401
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	Change L'Addition
l name	BROWNING-HECHT, DEBRA	DELETE:		arich, Kathy
STREET ADDRESS	2328 10TH AVE N STE 203		2.3 STREET ADDRESS	5 N. Flagler OR # 300-P
CITY-ST-ZIP	LAKEWORTH FL	_	2.4 CITY-ST-ZIP WE	st Palm beach IFL 38401
TITLE	D -	DELETE		
NAME	QUICK, SHARON	(-) peccie	3.2 NAME	icole Caputo 5 N. Flagler DR #300-P
STREET ADDRESS	2328 10TH AVE N STE 203		3.3 STREET ADDRESS	5 N. Flagler DR#300-
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	est Pain beach F1 33401
TITLE		DELETE	4.1 TITLE	Change Addition
NAME		-	4.2 NAME	<u> </u>
STREET ADDRESS	`		4.3 STREET 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			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	
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 of fusites empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.				