

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG -6 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003843 (8)

1. Corporation Name

CARTLEDGE ENTERPRISES, INC.



Principal Place of Business

2100 E. HALLANDALE BEACH BLVD  
STE 309  
HALLANDALE FL 33009  
US

Mailing Address

2100 E. HALLANDALE BEACH BLVD  
STE 309  
HALLANDALE FL 33009  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 05/16/1996
4. FEI Number 65-0398294	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

GOTTLEB, BRUCE M  
125 NORTH 48TH AVE.  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	Nancy T. Cartledge
82 Street Address (P.O. Box Number is Not Acceptable)	4271 Mangrum Court
83 City	Hollywood FL
84 Zip Code	33021

11. 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

Nancy T. Cartledge

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTLEDGE, RICHARD	
STREET ADDRESS	2100 E HALLANDALE BCH BLVD, STE 309	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002263068--7
3.3 STREET ADDRESS	-08/11/97--01069--004
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Richard G. Cartledge 7/28/97

CR2E034 (4/97)

**JOHN P. CARTLEDGE D.M.D., P.A.**

**PRACTICE LIMITED TO PROSTHODONTICS**

2100 E. HALLANDALE BEACH BOULEVARD

HALLANDALE, FLORIDA 33021

457.8808

July 29, 1997

Division Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

AttL Annual Reporta

Corp. # P93000003843

**CARTLEDGE ENTERPRISES**

Gentlemen:

I have never received the original first notice for payment of my annual fee.

Enclosed is the completed form for 1997 that I just received as second notice.

The check for \$165. is enclosed.

Yours truly,

John P. Cartledge DMD, PA

encl. (CHeck)