**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000012896

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90021 038 \*\*\*150.00

CORREC	T-A-DENT, INC					
Principal Place	•	Mailing Address			<u>.</u>	
11140 N.W. 24 CT. 11140 N.W. 24 CT. SUNRISE FL 33322 SUNRISE FL 33322				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	]
	•				03/01/1993	ļ
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	1
21	• • •	26			65-0402458 Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State	e ,	City & State		_	6. Election Campaign Financing \$5.00 May Be	}
23		28			Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip	Count	гу	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curre		<u>,                                     </u>		10. Name and Address of New Registered Agent	Ì
	,		8	1 Name		
( ·	CHEN, MICHAEL 10 N.W. 24 CT.		. 8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
·	RISE FL 33322		8	3		
·.				1		
				4 City	FL 85 Zip Code	
Office of re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was au	inorizea i	v ine corbo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a				oquired when reinstating) OATE	
	organizatore; types or primine manufacture at tegrin					
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	3
12. TITLE	OFFICERS A	<u> </u>	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	20,77
·		AND DIRECTORS	13.			00,777
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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 trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SEQUIRED