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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000035221 (9)**

1. Corporation Name
DENTAL VISION PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
606 BALD EAGLE DR SUITE 200 MARCO ISLAND FL 33937	606 BALD EAGLE DR SUITE 200 MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: **05/17/1993**
3a. Date of Last Report: **07/11/1995**

4. FEI Number: **65-0403401** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEALE, PATRICK H
48 TEMPLEWOOD CT
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. Said 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHULZE, HERMANN J 474 SPINNAKER DR MARCO ISLAND FL 33937 ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHULZE, DARLENE 474 SPINNAKER DR MARCO ISLAND FL 33937 ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULZE, RICHARD 1812 PASADENA AVE METAIRIE LA 70001 ☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULZE, ELAINE 8044 POIRIER PLACE BATON ROUGE LA 70809 ☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULZE, RUDY PO BOX 393 N/A GRAND COTEAU LA 70541 ☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONTENOT, GRETCHEN 3817 HARVARD AVE LAUREL MS 39440 ☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Hermann J. Schulze 3/14/96 941 394 3789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #