

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

606 BALD EAGLE DR  
SUITE 200  
MARCO ISLAND FL 33937

Mailing Address

606 BALD EAGLE DR  
SUITE 200  
MARCO ISLAND FL 33937



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1993	3a. Date of Last Report 03/20/1996
4. FEI Number 65-0403401	Applied For 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
SCHULZE, HERMANN J  
474 SPINNAKER DR  
MARCO ISLAND FL 33937

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
SCHULZE, DARLENE  
474 SPINNAKER DR  
MARCO ISLAND FL 33937

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
SCHULZE, RICHARD  
1812 PASADENA AVE  
METAIRIE LA 70001

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
SCHULZE, ELAINE  
8044 POIRIER PLACE  
BATON ROUGE LA 70809

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
SCHULZE, RUDY  
PO BOX 393 N/A  
GRAND COTEAU LA 70541

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
FONTENOT, GRETCHEN  
3817 HARVARD AVE  
LAUREL MS 39440

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

A. SCHULZE, HERMANN J. 9/1/97 (41) 324-1814

CR2E034 (4/97)