

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000035221 (9)**  
 1. Corporation Name  
**DENTAL VISION PRODUCTIONS, INC.**



Principal Place of Business <b>606 BALD EAGLE DR SUITE 200 MARCO ISLAND FL 33937</b>	Mailing Address <b>606 BALD EAGLE DR SUITE 200 MARCO ISLAND FL 33937</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>05/17/1993</b>	
<b>4.</b> FEI Number <b>65-0403401</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULZE, HERMANN J</b>
STREET ADDRESS	<b>474 SPINNAKER DR</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 33937</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULZE, DARLENE</b>
STREET ADDRESS	<b>474 SPINNAKER DR</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 33937</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULZE, RICHARD</b>
STREET ADDRESS	<b>1812 PASADENA AVE</b>
CITY-ST-ZIP	<b>METAIRIE LA 70001</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULZE, ELAINE</b>
STREET ADDRESS	<b>8044 POIRIER PLACE</b>
CITY-ST-ZIP	<b>BATON ROUGE LA 70809</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULZE, RUDY</b>
STREET ADDRESS	<b>PO BOX 393 N/A</b>
CITY-ST-ZIP	<b>GRAND COTEAU LA 70541</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FONTENOT, GRETCHEN</b>
STREET ADDRESS	<b>3817 HARVARD AVE</b>
CITY-ST-ZIP	<b>LAUREL MS 39440</b>

**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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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:  **3/25/98**

CR2E034 (10/97)