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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000049834**1. Corporation Name

DENTAL FILLINS, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90091 007 ***150.00



Principal Place	e of Business	Mailing Address					
15 BUCHANAN	N AVENUE	715 BUCHANAN AVENUE					
EHIGH ACRES	FL 33936	LEHIGH ACRES FL 33936		DO NOT WRITE IN TH	IIS SDACE		
				3. Date Incorporated or Qualifed	IIO OF ACE		
				07/09/1993			
D-iiI D	lean of Puninger	2a. Mailing Address	·	4. FEI Number	Ann	lied For	
	lace of Business 21 HENRY AUE		NRY AU	1 1 2 2	<u> </u>	Applicable	
Suite, Apt.	·	Suite, Apt. #, etc.	INN F PIU		\$8.75 Ac		
	#, 6.0.	27		5.' Certifcate of Status Desired	Fee Req		
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	Jav Be	
LEA	VICH ACRES SI	28 LEHICH A	CRES EL	Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	_	
33	3936 25 VSA	29 33936 30	0 USA	Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent		
PEDESCOPI (OSEDI) TOSEP4							
BENESFOND, SUSEFIT				Address (P.O. Box Number is Not Acceptable)			
/15 BUCHANAN DRIVE				21 HENRY AUE.			
LEHIGH ACRES FL 33936							
			84 City		. 85 _Zip C	ode	
			84 City	EHIGH ACRES F	L 8 33	7760	
14. Dursing to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-paned 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.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
ITLE	D OF THE ROAND	DELETE	1,1 TITLE	BERESFORD, JOSEPA	Change	Addition	
AME	BERESFORD, JOSEPH	_	1.2 NAME	BERESPURE , SUSAN	7		
TREET ADDRESS	715 BUCHANAN AVENUE		1.3 STREET ADDRESS	621 HENRY AVE			
	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP	LEHEGH ALRES, F	C 3392	36	
ITY-ST-ZIP	D	DELETE	2.1 TITLE	BERESFORD, CAHA	Change	Addition	
IAME	BERESFORD, CATHARINA		22 NAME	DERESTORY CHIMIT	KINA	İ	
	715 BUCHANAN AVENUE			621 HENRY AUE.			
TREET ADDRESS	LEHIGH ACRES FL 33936		2 3 STREET ADDRESS				
ITY-ST-ZIP			2.3 STREET ADDRESS	LEHICH ACRES, E	2.339	% .	
IAME	LENION ACRES PL 33930		2.3 STREET ADDRESS 2 4 City-St-ZiP 3 1 TiflE	LEHICH ACRES, E	C. 3395	Addition	
	EENIGH ACHES PL 33930	DELETE	2 4 CiTY-\$T-ZiP 31 TITLE	LEHICH ACRES, E			
	LENION MONES PL 33530	DELETE	2 4 CiTY-ST-ZIP 3 1 TITLE 3.2 NAME	LEHICH ACRES, E			
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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, with all other like empowered.

SIGNATURE: