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

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Apr 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P93000052679 (6) DOCUMENT # JOSEPH M. CHASKO, D.D.S., P.A. Principal Place of Business Mailing Address 1509 NORTH STATE ROAD 7 1509 NORTH STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0423946 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zin Country Žio Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHASKO, JOSEPH M 1509 NORTH STATE ROAD 7 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 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. Stgosture, typed or pay the of registered agent and the if applicable NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THLE 1.1 141.6 CHASKO, JOSEPH M SR. NAME 1.2 NAME 2961 NORTHWEST 112T DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition CHASKO, JOSEPH M JR. NAME 2.2 NAME 2961 NORTHWEST 112T DRIVE STREET ADDRESS 2 3 STREET ADDRESS CORAL SPRINGS FL 33065 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP OELE TE TITLE 41 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE 5.1 HILE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TILLE Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. Thereby 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 t 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