

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000064721 (2)**

1. Corporation Name

PARAMOUNT DENTAL PLAN INC.

Principal Place of Business

**10627 RIVERCREST DRIVE
RIVERVIEW FL 33569**

Mailing Address

**10627 RIVERCREST DRIVE
RIVERVIEW FL 33569-5437**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1993		3a. Date of Last Report 05/01/1996	
21 1000 N. Ashley Drive Suite, Apt. #, etc.		26 P.O. Box 18406 Suite, Apt. #, etc.		4. FEI Number 59-3205415		Applied For Not Applicable	
22 513 City & State		27 Tampa, FL City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Tampa, FL Zip		28 33602 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33602 Country		25 Hillsborough Country		29 33679-8406 Country		30 Hillsborough Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**KAVOUKLIS, MICHAEL N
1000 NORTH ASHLEY DRIVE
STE. 505
TAMPA FL 33602**

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

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

CHRIS KAVOUKLIS

4/28/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVOUKLIS, NICHOLAS M	1.2 NAME	
STREET ADDRESS	2801 JETTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT / D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVOUKLIS, CHRIS M.	2.2 NAME	
STREET ADDRESS	2813 SAN ISIDRO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVOUKLIS, ALEXANDRA T.	3.2 NAME	
STREET ADDRESS	2601 JETTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVOUKLIS, MICHAEL N.	4.2 NAME	
STREET ADDRESS	2405 ARDSON PLACE, # 203A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Chris Kavouklis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS KAVOUKLIS

4/28/97
Date

(813) 221-5431
Daytime Phone #

CR2E034 (9/96)