

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064721

1. Corporation Name

PARAMOUNT DENTAL PLAN INC.

Principal Place of Business

1000 N ASHLEY DR
513
TAMPA FL 33602
US

Mailing Address

P.O BOX 18406
TAMPA FL 33679-8406
US

2. Principal Place of Business

21 1000 N ASHLEY DR

2a. Mailing Address

26 Suite, Apt. #, etc.

22 520

27 City & State

23 Tampa, FL

28 City & State

24 33602 25 FL

29 30

9. Name and Address of Current Registered Agent

KAVOUKLIS, MICHAEL N
1000 NORTH ASHLEY DRIVE
STE 516
TAMPA FL 33602

3. Date Incorporated or Qualified

09/16/1993

4. FEI Number

59-3205415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees.

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 D
NAME KAVOUKLIS, NICHOLAS M
STREET ADDRESS 2601 JETTON AVENUE
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

TITLE VPD
NAME KAVOUKLIS, CHRIS M
STREET ADDRESS 2813 SAN ISIDRO ST
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S
NAME KAVOUKLIS, ALEXANDRA T
STREET ADDRESS 2601 JETTON AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D
NAME KAVOUKLIS, MICHAEL N
STREET ADDRESS 2405 ARDSON PLACE, #203A
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS KAVOUKLIS

Date

3/26/99 (813) 221-5431

Daytime Phone #

0403379

CR2E034 (11/98)

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90094 035 ***150.00



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