

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Nyman
Secretary of State
1995

**APPROVED
AND
FILED**

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DOCUMENT # P94000012288 (4)

F.G. DECHAVEZ, D.D.S., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **2438 E. SEMORAN BLVD. APOPKA FL 32703**
Mailing Address: **2438 E. SEMORAN BLVD. APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report
4. FEI Number 59-3223220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has filed and incorporated the design of 1993/1995 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Agent # 1st	26. State Agent # 2nd
22. City & State	27. City & State
23. State Agent # 2nd	28. State Agent # 3rd
24. State Agent # 3rd	29. State Agent # 4th
30. State Agent # 5th	

9. Name and Address of Current Registered Agent DECHAVEZ, FAUSTO G 2438 E. SEMORAN BLVD. APOPKA FL 32703	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0605 and 607.1508, Florida Statutes, the above named corporation submits the 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 General Agent and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)
Signature of Registered Agent (if not registered agent, check here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME: P DECHAVEZ, FAUSTO G	12.2 STREET ADDRESS: 2438 E. SEMORAN BLVD. APOPKA FL 32703	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE: VST	12.4 CITY, ST, ZIP: APOPKA FL 32703	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: DECHAVEZ, LAURA G	12.6 STREET ADDRESS: % 2438 E. SEMORAN BLVD. APOPKA FL 32703	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS:	12.8 CITY, ST, ZIP:	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY, ST, ZIP:	12.10 CITY, ST, ZIP:	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 CITY, ST, ZIP:	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 STREET ADDRESS:	12.14 CITY, ST, ZIP:	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY, ST, ZIP:	12.16 CITY, ST, ZIP:	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:	12.18 CITY, ST, ZIP:	13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS:	12.20 CITY, ST, ZIP:	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY, ST, ZIP:	12.22 CITY, ST, ZIP:	13.11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 NAME:	12.24 CITY, ST, ZIP:	13.12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 STREET ADDRESS:	12.26 CITY, ST, ZIP:	13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 CITY, ST, ZIP:	12.28 CITY, ST, ZIP:	13.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. The hereby certifies that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.0605, 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 at the time of filing and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this filing report or on any attachment with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FAUSTO G. DE CHAVEZ, DDS (DENTIST/PRES)
5-1-95 (Date) (407) 856 5817 (Telephone No.)