SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000066937 (1) **DOCUMENT #** DENTAL AESTHETICS, INC. Mailing Address Principal Place of Business 1945 SUNSET PLACE FORT MYERS FL 33901 1945 SUNSET PLACE FORT MYERS FL 33901 3a. Date of Last Report 3. Date Incorporated or Qualified 03/03/1995 09/07/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0516948 Not Applicable 26 21 \$8.75 Additional Suite, Ant. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζip Yes No Florida Statules 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WIELAND, MARTIN C **B2** 1945 SUNSET PLACE FT MYERS FL 33901 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 changes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Tam familiar with, and accept the obligations of, Section. SIGNATURE sereo agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Addition DELETE 1.1 TUTLE TITLE 1.2 NAME WIELAND, MARTIN C NAME 1.3 STREET ADDRESS 1709 S.E. 44TH ST. STREET ADDRESS 1.4 City - St - ZIP CAPE CORAL FL Change ____ Addition CITY-ST-ZIP DELETE 2.1 TELE TITLE 22 NAME ADAM, JUSTUS NAME 2 3 STREET ADDRESS 1945 SUNSET PLACE STREET ADDRESS FT MYERS FL 33901 2 4 CHY - ST- 7IP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME WIELAND, TRACY 3.3 STREET ADDRESS 1709 SE 44TH ST STREET ADDRESS CAPE CORAL FL 3 4 CITY - ST - ZIP DITY-ST-ZIF Change ____ Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP 600018343**116**jange 🔲 Addition CITY-ST-ZIP DELETE 5.1 TiTLE -07/16/96--01042--050 TITLE 5.2 NAME NAME ***225.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-7IP CITY - ST - ZIP DELETE 6 1 TITLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Plonda 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 of director of the cognoration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block12 opiniock13 if changed or on an attachment with an address 18/96

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: