

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
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066937 (1)

1. Corporation Name

DENTAL AESTHETICS, INC.



Principal Place of Business

Mailing Address

1945 SUNSET PLACE
FORT MYERS FL 33901

1945 SUNSET PLACE
FORT MYERS FL 33901

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIELAND, MARTIN C
1945 SUNSET PLACE
FT MYERS FL 33901

81 Name

Adam, Justus

82 Street Address (P.O. Box Number is Not Acceptable)

1945 SUNSET PLACE

83

84

City Ft. Myers

FL

85

Zip Code

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 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 605, Florida Statutes.

SIGNATURE

Justus Adam

Justus Adam

DATE

6/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
D
WIELAND, MARTIN C
STREET ADDRESS
1709 S.E. 44TH ST.
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
D
ADAM, JUSTUS
STREET ADDRESS
1945 SUNSET PLACE
CITY-ST-ZIP
FT MYERS FL 33901

TITLE ☒ DELETE

NAME
M
WIELAND, TRACY
STREET ADDRESS
1709 SE 44TH ST
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

600001894316
-07/16/96--01042--050
***225.00

7/15/96

JR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justus Adam

6/18/96