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

FILED Feb 17 1998 8:00am **PROFIT** H ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000068319 (9) TENNANT & TWARGOSKI, DMD'S, P.A. Principal Place of Business Mailing Address 1258 JACARANDA BOULEVARD, #8 1258 JACARANDA BOULEVARD, #8 VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1995 2. Principal Place of Business 2e, Mailing Address Applied For 65-0608364 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζıρ Žip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TWARGOSKI, PAUL A 1258 JACARANDA BOULEVARD, #8 Street Address (P.O. Box Number is Not Acceptable) **VENICE FL 34292** 83 84 City 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 pointed name of regerined agent and lifle if applicable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE Change Addition TENNANT, BARBARA J NAME 1.2 NAME 1258 JACARANDA BOULEVARD, #8 STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE TWARGOSKI, PAUL A 22 NAME NAME STREET ADDRESS 1258 JACARANDA BOULEVARD, #8 2.3 STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5 4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

62 NAME

14. Thereby 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 truestype empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block SIGNATURE:

DELETE

CITY-ST-ZIP TITLE

STREET ADORESS

CITY-ST-ZIP

NAME

Change

Addition

CR2E034