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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000041141 (8)

DENTIST THE MENACE CORP.

Principal Place of Business

Mailing Address

2725 N.E. 25TH PLACE FT. LAUDERDALE FL 33305 2725 N.E. 25TH PLACE FT. LAUDERDALE FL 33305-1705

FILED May 14 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

					05/06/1996		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65.0672431	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27				Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation has liability for inta	<u> </u>	
24	25	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
						tered Agent	
MOORE, KEITH E 2725 N.E. 25TH PLACE FT. LAUDERDALE FL 33305				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			54	City		FL S Z D COOKS	
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 AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE		☐ DELETE	1.1 TITLE	U	I/T/M EITH E. MOORE 725 N. E. 25 PLA	Change 🔀 Addition	
NAME			1.2 NAME	12	EN E MOORE	<u>.</u>	
STREET ADDRESS			1.3 STREE	1 ADDRESS	725 N. 6. 25 PLA	CE	
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP	r. LANDSHOANS, FL	XX305	
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
			2 4 CITY -	1			
CITY-ST-ZIP TITLE		DELETE	3.1 TILE	31-211		Change Addition	
NAME			3.2 NAME	İ		_ ,	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	51-211		Change Addition	
		beerie	1				
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T percent	4.4 CHTY -	ST-7IP		Change Addition	
TITLE		☐ DELETE	51 TITLE			[Claride	
NAME			52 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY-ST-ZIP			54 CITY-	ST - ZIP	,		
TITLE		DELETÉ	61 TITLE			☐ Change ☐ Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CITY-ST-ZIP			64 CITY-				
14. I do here	by certify that the information supplies	ed with this filing does not qua	alify for the ex-	emption stated	d 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 tam 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.							