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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080825

1. Corporation Name

ORAL FITNESS, INC.

**FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90180 045 \*\*\*150.00

	28ill #8ll! FAL	i jaku: 13 <b>36</b> : 830 (66)

Principal Place	e of Business	Mailing Address				( 1994)991 118 19176 9111 8847 9911 89117		** ##*#! 1		
	NDALE BEACH BLVD	2500 E HALLANDALE BE	ACH BLVD							
SUITE 601 HALLANDALE F	:( 33009	SUITE 601 HALLANDALE FL 33009				DO NOT WRITE IN THIS SPACE				
1 1112011101112			-			3. Date incorporated or Qualifed				-
						09/30/1996				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				ed For
21		26				65-0740137				pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Requ	ired
City & State	e	City & State				6. Election Campaign Financing  Trust Fund Contribution		\$5.0 Adde	<b>)O</b> Ma ed to F	•
Zip			Country			8. This corporation owes the current year Intangible				
24	25	29	30	30		Perso all Property Tax.		Yes	⊑	No
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Registe	red Ag	gent_		<del></del>
LIMO	AR, DALE			81	Name					
2500	E HALLANDALE BEACH BLVD			82	Street Addr	ress (P.O. Bo.: Number is Not Acceptable)			<u>-</u> -	
	'E 601 Landale fl 33009		ļ	83						
	LANDALL I L 30000		ļ	84	City		FL	85 Z	ip Co	de
44 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Sta	tutes, the ab	oove	-named corp	aration submite this statement for the nurnes	e of ch	nanging	its re	gistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	s authorized	by t	the corporatio	on's board of directors. I hereby accept the ap	οιointr	nent as	reçis	tered
SIGNATUF:E						d when reinstailing) DATE				
12.	Signature, typed or printed name of registered age	(NO DIRECTORS	13.	Agent	t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DIREC	TOR	3 IN 12
TITLE	D	DELETE	1.1 TIT	LE		ADDITION OF THE SECTION OF THE SECTI		☐ Chanç		☐ Addition
NAME	UNGAR, DALE		1.2 NA							
STREET ADDRESS	1359 GINGER CIRCLE		13 ST	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33026		1.4 CIT		1					
TITLE	V	☐ DELETE	2.1 TIT					☐ Chang	ge	Addition
NAME	UNGAR, LAURENCE		22 NA	ME						
STREET ADDRESS	1359 GINGER CIRCLE		2.3 \$11	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33009		2. 4 Cľ	TY-\$1	T-ZIP					
TITLE		☐ DELETE	3.1 TIT				1	Chang	3e	☐ Addition
NAME			3.2 NA	ΜE						
STREET ADDRESS			33 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. Cľ	TY-SI	T-ZIP					
TITLE		☐ DELETE	41 TIT	LE		<del></del>	ا	Chanç	je	Addition
NAME		i	4. 2 NA	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	5.1 TIT		-		١	Chanç	је	Addition
NAME			5.2 NA							
STREET ADDRESS			53 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		-ZIP					
TITLE		☐ DELETE	6.1 TIT				I	Chang	ge	Addition
NAME			6.2 NA							
STREET ADDRESS			63 ST	REET	ADDRESS					
0704 67 7/0			6.4 CIT	ry-st	r.zip					

14. I hereby 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 cc rtify that the information indicated on this annual report or supplemental a nual 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 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, with all other like empowered.

SIGNATURE:

I DRESIDENT