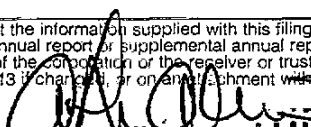


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000089559 (4) 1. Corporation Name DENT BUSTERS NORTH, INC.					
Principal Place of Business 76 GULF BLVD. INDIAN ROCKS BEACH FL 33785			Mailing Address 76 GULF BLVD. INDIAN ROCKS BEACH FL 33785		
2. Principal Place of Business 21 P.O. Box 103 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 103 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/28/1996	
22 City & State 23 Indian Rocks Beach, FL Zip 33785 Country U.S.		27 City & State 28 Indian Rocks Beach, FL Zip 33785-0103 Country U.S.		4. FEI Number 59-3409064 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent LOVELACE, WILLIAM K ESQ 2310 WEST BAY DRIVE LARGO FL 33770				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME ALLEN, A.L. STREET ADDRESS 76 GULF BLVD. CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785			1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-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 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 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 change of, or on any attachment without address.					
SIGNATURE:  A.L. Allen, President 1/22/98					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)