

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 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 # P96000095048 (0)
1. Corporation Name

THE DENT SPECIALIST INC.



Principal Place of Business

5200 N. OCEAN DR
#803
SINGER ISLAND FL 33404

Mailing Address

5200 N. OCEAN DR
#803
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

65-0718156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1774 Opechee Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 1774 Opechee Dr

Suite, Apt. #, etc.

City & State

23 Miami, FL

Zip

24 33133

Country

25 Dade

City & State

28 Miami

Zip

29 33133

Country

30 Dade

9. Name and Address of Current Registered Agent

DICKLER, ADAM L
5200 N. OCEAN DR
#803
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name

Adam Dickler

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

1774 Opechee Dr

83

84 City

Miami

FL

85 Zip Code

33133

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

TITLE M ☐ DELETE

NAME DICKLER, ADAM L
STREET ADDRESS 5200 N. OCEAN DR
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Manager ☐ Change ☐ Addition

1.2 NAME Adam Dickler

1.3 STREET ADDRESS 1774 Opechee Dr

1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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 changed, or on an attachment with an address.

SIGNATURE

Signature of Adam L. Dickler

9/2/98 305-282-0441

CR2E034 (5/98)