

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # **P97000019148 (0)**

1. Corporation Name

RONALD J. TREVISANI, DMD, PA



Principal Place of Business

**10000 WEST COLONIAL DRIVE
SUITE 1012
OCOE FL 34761**

Mailing Address

**10000 WEST COLONIAL DRIVE
SUITE 1012
OCOE FL 34761**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

14219 LUDGATE HILL W.

ORLANDO, FLA

32828-7921

30

9. Name and Address of Current Registered Agent

**TREVISANI, RONALD J DR
10000 WEST COLONIAL DRIVE
SUITE 1012
OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name **RONALD J. TREVISANI**

82 Street Address (P.O. Box Number is Not Acceptable)
14219 LUDGATE HILL W.

83

84 City **ORLANDO**

FL

85 Zip Code
32828

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

7/2/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TREVISANI, RONALD J DR**
STREET ADDRESS **10000 W COLONIAL DR, STE 1012**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14219 LUDGATE HILL W.
ORLANDO, FL 32828

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002623498

-08/24/98--01123--015

*****150.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/2/98 402-541-3750

CR2E034 (5/98)

2

July 24, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed the 1998 Florida Annual Report for Corporations for Ronald J. Trevisani, DMD, PA.

Please understand that the above mentioned corporation is currently an inactive corporation in the state of Florida. It was formed in anticipation of incorporating the sole proprietorship of Ronald Trevisani, DDS. While we anticipate this will happen soon, as of this day it has not been completed.

The enclosed Annual Report is the first report due for this corporation. We did not receive the original report which we were told was mailed to us earlier in the year. Our change of address may be the reason for us not receiving the original report. As a result we were not aware that a report was due until we received the application which was labeled "2nd notice".

Please find enclosed a check in the amount of \$150.00. We respectfully request that the penalties associated with the 2nd notice report, please be waived.

Thank you for your understanding in this matter.

Respectfully,

Ronald Trevisani

