

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

DOCUMENT # P97000025786 (9)  
1. Corporation Name

ASSOCIATES IN COSMETIC DENTISTRY, INC.

Principal Place of Business  
452 GOODLETTE ROAD SOUTH  
NAPLES FL 34102

Mailing Address  
452 GOODLETTE ROAD SOUTH  
NAPLES FL 34102

APPROVED  
AND  
FILED

98 NOV 30 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3446517

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

9. Name and Address of Current Registered Agent

BENZA, GERY P  
350 5TH AVE SOUTH #200  
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name DAVID P. WHITING  
82 Street Address (P.O. Box Number is Not Acceptable)  
4081 N. TAMiami TR.  
83 PARK SQUARE C-103  
84 City NAPLES FL 85 Zip Code 34103

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/24/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS           | CITY-ST-ZIP     | DELETE                   |
|-------|---------------|--------------------------|-----------------|--------------------------|
| D     | BENZA, GERY P | 452 GOODLETTE ROAD SOUTH | NAPLES FL 34102 | <input type="checkbox"/> |
| D     | BENZA, SANDRA | 452 GOODLETTE ROAD SOUTH | NAPLES FL 34102 | <input type="checkbox"/> |
|       |               |                          |                 | <input type="checkbox"/> |
|       |               |                          |                 | <input type="checkbox"/> |
|       |               |                          |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |                          |                          |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |                          |                          |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |                          |                          |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |                          |                          |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |                          |                          |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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-12/04/98-01078--021  
\*\*\*\*750.00 \*\*\*\*750.00

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]*

11/22/98 (941)263-6868

006537

CR2E034 (5/98)