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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025922 (0)

SURAIYA A. KASU, B.D.S., P.A.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ii Bahir ta ini az ini za ira (i i	OL BILLU IDIUS (HATE ILAN LAND	
BOOR COTE ORLANDO F		9008 COTE COURT ORLANDO FL 32836							
					DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or 03/17/1997	Qualified			
2. Principal Place of Business 2a. Mailing Address				•	4 FEI Number		T A	pplied For	
21 801 W. OAK ST. 26					59-34	32486		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Desired	\$8.75	Additional	
	SUITE 102	27			5. Certificate of Status I	Fee Required			
	SIMMEE , FLORIDA	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 34	4741 25 OSCEOLA 29 Zip CC		Coun	try	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					10. Name and Address of New Registered Agent				
KASU, ABOULLATIF M				Name					
8008 COTE COURT			1	2 Street Add	dress (P.O. Box Number is Not Acceptable)				
0	RLANDO FL 32836			13					
			-	4 City			les Zin	Code	
_				P4 City		FL	65 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the abo	ove-named corp	poration submits this statement tion's board of directors. The	ent for the purpose of	changing i	ts registered	
agent. I a	registered agent, or both, in the State o am familiar with, and accept the conglet	ns of Section 607.0505, Flo	rida Statu	ies.	L	neby accept the app	A A	. registered	
SIGNATURE	(asmus)		ILLAT		LASU	2-16	<u>-78</u>		
12.	Signature, typed or profited name of registered agents OFFICERS AND		13.	Agent signature réqui	red when reinstating) ADDITIONS/CHANGES	DATE S TO DEFICERS AND	DIRECTOR	9S IN 12	
TITLE			1.1 TITL	E T	ADDITIONOJOPIANALI	O TO OTTIOERO MILE	Change	Addition	
NAME	KASU, SURAIYA A B.D.S.		1.2 NAM	E					
STREET ADDRESS 8008 COTE COURT			1.3 STRI	ET ADDRESS)			
CITY-ST-ZIP	-ZIP ORLANDO FL 32836		1.4 CITY	- ST - ZIP				j	
TITLE	DELETE 2.1 T		2.1 TITL				☐ Change	Addition	
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET ADDRESS					
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NAME			3.2 NAM	ļ.					
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STREET ADDRESS				ET ADDRESS					
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NAME			5.2 NAM				•	Ì	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM						
				<u>-</u>					
STREET ADDRESS				ET ADDRESS					

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.

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2-16-98