Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90071 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700050444

1. Corporation Name

DENT & SCRATCH ILS.A. INC.

DENT & SCHATCH U.S.	4., INC.			
	· .:			
	64-ilina Andropo		<u> (1884)884 148 1884 1884 8844 8844 8844 8</u>	I BIHA BÖRK BIBA BABA BABA BEBA KEBA
Principal Place of Business	Mailing Address			
1420 OCEAN WAY	1990 OCEAN WAY		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
UNIT 30B	UNIT 308 JUPITER FL 33477		TO SEE THE DO NOT WRITE IN THE	S SPACE
JUPITER EL 33477	SOFILE SOFI		3. Date Incorporated or Qualifed	
			06/09/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1233 Old DIX		NSAIL	65-0759299	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	27 City & State		6. Election Campaign Financing	\$5.00 May Be
23 LAKE PARK, S	28 JUPITER	3. Fl	Trust Fund Contribution	Added to Fees
Zip Cour	itry Zip	Country	8. This corporation owes the current year In	
24 25	₂₉ 334/)	30 U.S.A.	Personal Property Tax.	☐ Yes X No
	ress of Current Registered Agent		10. Name and Address of New Registered	I Agent
ALCON ALIVED OLLETT		81 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33	134	83	147 ×	·
			· · · · · · · · · · · · · · · · · · ·	
		84 City	FI	85 Zip Code
Pursuant to the provisions of Si	ections 607.0502 and 607.1508. Florida Statute	es, the above-named corp	poration submits this statement for the purpose of	f changing its registered
office or registered agent or bo	th, in the State of Florida. Such change was a	uthorized by the corporati	on's board of directors. I hereby accept the appo	pintment as registered
agent. I am familiar with, and a	ccept the obligations of, Section 607.0505, Flo	ilda Statutes.		•
SIGNATURE Signature Mand or printed as	me of registered agent and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PSTD	X) DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STEFAN, DAVID &	•	1.2 NAME		
	_	1.3 STREET ADDRESS	508 71 2 7	
NIDITED EL SOLT				1
	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE PSTD	-			
NAME STEFAN, DAV	ID F OK	2.2 NAME		•
STREET ADDRESS 205 MAIN S		2.3 STREET ADDRESS		
CITY-ST-ZIP JUPITER		2. 4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	3.1 TITLE		C Subude C vagazon
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE		□ outringo □ nadrinor
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	,	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change Addition
TITLE	DELETE	• 5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	•	.*
STREET ADDRESS		5.3 STREET ADDRESS	•	
C(TY-ST-ZIP		5.4 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 supplierental almost 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 of 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY- \$T-ZIP

Change

Addition