


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

FILED
Apr 03 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000053035 1. Corporation Name D & D ADVANCE DENTAL TECHNOLOGY, INC. | | | |
| Principal Place of Business 28221 Pine Haven Way #157 Bonita Springs, FL 34135 | | Mailing Address 28221 Pine Haven Way #157 Bonita Springs, FL 34135 | |
| 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 | |
| 3. Date Incorporated or Qualified 06/16/97 | | 4. FEI Number 59-3461927 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent Chynoweth, Judy C. 28221 Pine Haven Way #157 Bonita Springs, FL 34135 | | 10. Name and Address of New Registered Agent 81 Name: GABRIELA SINGER AHLMANN 82 Street Address (P.O. Box Number is Not Acceptable): 28221 Pine Haven Way #157 83 84 City: Bonita Springs FL 85 Zip Code: 34135 | |
| 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: <i>J. Singer</i> DATE: 3/27/98 | | | |
| 12. OFFICERS AND DIRECTORS 11 TITLE: <input checked="" type="checkbox"/> DELETE NAME: Chynoweth, Judy C STREET ADDRESS: 28221 Pine Haven Way #157 CITY-ST-ZIP: Bonita Springs FL 34135 12 TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: 13 TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: 14 TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: 15 TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP: 21 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME: President 23 STREET ADDRESS: DICK AHLMANN 24 CITY-ST-ZIP: 28221 Pine Haven Way #157 31 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME: Vice President 33 STREET ADDRESS: GABRIELA SINGER AHLMANN 34 CITY-ST-ZIP: 28221 Pine Haven Way #157 41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP: 51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP: 61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 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 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: <i>J. Singer</i> DATE: 3/27/98 | | | |

CR2E034 (10/97)