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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000053035

D & D ADVANCE DENTAL TECHNOLOGY, INC.

| Frincipal Flace | | Mailing Address | | | |
|---|---|--|---|---|--|
|] 28221 1 | P i ne Haven Way | 28221 Pine | Haven Way | r i | |
| #157 | • | #157 | | | |
| Bonita Springs, FL | | | naa <u>n</u> t | DO NOT WRITE IN THIS SPACE | |
| 34135 | Opinion, in | Bonita Springs, FL 34135 | | 3. Date Incorporated or Qualified | |
| | | - •- | | 06/16/97 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For | |
| 21 | | 26 | | 59-3461927 Not Applicable | |
| Suite, Apt # | t. etc. | Suite, Apt. #, etc. | | 5 Cortificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | |
| Zip | Country | Zip | Country | B. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 [: | 30 | Personal Property Tax due June 30. 🔲 Yes 😾 No | |
| 34 1 | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent | |
| | | | 81 Name | ABRIELA SINGER AHLMANN | |
| Chynov | veth, Judy C. | | 82 Street A | Address (BO Boy Chamber in Mot Associable) | |
| 28221 | Pine Haven Way | ¥1 57 | 02 Sileer | Address (P.O. Box Tymber is Not Acceptable) | |
| Bonita | | | 83 | opan interreducing with | |
| DOILLOG | r philings, LP 3 | 1135 | | | |
| • | | | 84 City 4 | SOUTH SOUDOS EL 85 ZIP. FOTOSE | |
| 44 Ouroupot la | the prove one of Sections CO7 OF OO | and CO7 1500 Florida Ctatutar | the characteristic | corporation submits this statement for the purpose of changing its registered | |
| office or re | gistered agent, or both, in the State of | and 607, 1506, Florida Statutes Efforida: Such change was all | s, the above-hamed t ilnorized by the corp | corporation submits this statement for the purpose of changing its registered oration's board of directors. Thereby accept the appointment as registered | |
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE _ | 1. SIUOL | r w | , | S/X 7 (48 | |
| | Ignature: Spain or printed white of registerial appli | | Registered Agent signature | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| i | Ohemanakh zudu | | 1 1 THE | Change Addition | |
| NAME | Chynoweth, Judy | U | 1.2 NAME | <i>,</i> | |
| STREET ADDRESS | 28221 Pine Haver | 1 Way #157 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u>Bonita Springs F</u> | L 34135 | 1.4 CHY-ST-ZIP | A | |
| TITLE | • • • | DELETE | 2.1 TITLE | President Change Addition | |
| NAME | | | 2.2 NAME | DIEK ahlughver way #157 | |
| STREET ADORLSS | | | 23 STREET ADDRESS | 28321 PLNEHOUS WOWS | |
| CITY-ST-ZIP | | | 2 4 Cr1Y-S1-ZIP | Boruta Spungo, PL 34135 | |
| TITLE | | ☐ DELETE | 3.1 TiTLE | DICEPLEATE Thange MAddition | |
| NAME | | | 3.2 NAMI | GABRIELA SINGER AHLMANN | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | 28221 Pine Haven way # 15 | |
| CITY-ST-ZIP | | | 3 4 CITY-SI-ZIP | Bornta Sounce Fl. 34135 | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition | |
| NAME | | | 4 2 NAME | Change La Abellion | |
| STREET ADDRESS | | | 4 3 STREEL ADDRESS | | |
| | | | • | 1 | |
| CITY · ST · ZIP | | DEFETE | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5 1 70111 | Change Advition | |
| NAME | | | 5.2 NAME | (// (// ? | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ~/// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| CITY - S1 - ZIF | | | 5.4.0(1Y+S1+Z+) | | |
| THILE | | ☐ DELETE | 6111111 | 700002472114Change Addition | |
| NAME | | | 6.2 NAMI. | -04/03/9801051029 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***150.00 | |
| CITY_SL.7ID | | | CACHIV CT 700 | 本が型1DU。UU | |

14. Thereby certify that the information supplied with it is 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 from and accurate and that my signature shall have the same legal offect as if made under eath; 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:

FILED

Apr 03 1998 8:00am

Secretary of State