05-04-1999 90060 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800002083 1. Corporation Name

ALITO DENTICE INC

AUTO DE	INTIOTA INCA											
Principal Place	of Business	Mailing Address	 ;					118 18181 1811 8911 8811 8811	E ELST MATTE STATE OF			
14378 FALAN CT JACKSONVILLE FL 32223 14378 FALAN CT JACKSONVILLE FL 32223							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
		De Barilla Add					01/07/199 4. FEI Number			Appli	ed For	
2. Principal Pi	ace of Business	— ·	2a. Mailing Address				59-3	48 9053			pplicable	
Suite, Apt.		Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired					
City & State	9	├ ─┐	City & State			-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Zip Cou			This corporation owes the current year Personal Property Tax.			ar Intangible			
24	25 29 30 9. Name and Address of Current Registered Agent			_								
GASPARD, KARON Y 14378 FALAN CT				81 82	Name Street	- 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)						
JACK	(SONVILLE FL 32223			83								
				84	City				FL T	ip Co		
office or re	to the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the ot	rate of Florida, Such char	ine was authoriz	ed by	the corpo	corpora oration's	tion submits this board of direct	statement for the purpo ors. I hereby accept the	se of changing appointment as	its re regis	gistered tered	
SIGNATURE		•	(NOTE: Register			equired wh	en reinstating)	DA	TE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 1					t agricito o	5qu50 441.	ADDITIONS/	CHANGES TO OFFICE	S AND DIREC	TOR	S IN 12	
TITLE	DELETE 1.1					P	1 Jauri	P GASPAR	> □ Chan		Addition	
NAME i			1.2	NAME		'	CT HACO	Fclas Ct				
STREET ADDRESS			1.3	STREET	ADDRESS		1431°	P GASPAR Fclau Ct FL 32223			•	
CITY+ST-ZIP				CITY-S1	r-zip		3,4 11					
TITLE	-			TITLE		VF	KARO	BASPARD 8 FOLAN CT	Chan	ge	Addition	
NAME					AME		1437	8 FOLAN CT				
STREET ADDRESS	*		1		ADDRESS		TAV	FL 32223	*			
CITY-ST-ZIP TITLE				TITLE	I-ZIP		3747	,,	☐ Chan	ge	Addition	
NAME		٠.		NAME					_	•	j	
STREET ADDRESS					ADDRESS							
CITY+ST-ZIP				. CITY-S		-						
TITLE				TITLE					Chan	ge	☐ Addition	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, gr on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

904)260-1112

Change

Change

■ Addition

☐ Addition