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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000009311

Principal Place	DENTAL STUDIOS, INC.	Mailing Address				
4403 SE 16TH		4403 SE 16TH PLACE				•
SUITE 2	FLACE	SUITE 2				
CAPE CORAL FL 33904 CAPE CORAL FL 33904						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/28/1998
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0809884 Not Applicable
Suite, Apt.	•	Suite, Apt. #, etc.				5. Certificate of Status Desired
22	- 27.75 <u>L</u>	27				
City & Stat	te	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28		ountry		This corporation owes the current year Intangible
Zip		29	30	Curiay		Personal Property Tax.
24	9. Name and Address of Curre		[30]			10. Name and Address of New Registered Agent
	o. Name and Addition of Carre	ant regiotorea rigent		81	Name	
MAT	RISCIANO, JEAN					
3716	S.W. 3RD. STREET			82	Street Add	ddress (P.O. Box Number is Not Acceptable)
CAP	E CORAL FL 33991			83		
				84	City	FL 85 Zip Code
11 Pureuant	to the provisions of Sections 607 05	502 and 607.1508. Florida Sta	tutes, the	above-	named cor	progration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change wa	s authoriz	zea ov tr	ne corporat	ation's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505,	Florida St	tatutes.	•	
agent. I a	ım familiar with, and accept the oblig	gations of, Section 607.0505,	Florida St	tatutes.		
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, gent and title if applicable. (N	-lorida St	tatutes. ered Agent s		uired when reinstating) DATE
agent. I a SIGNATURE 12.	im familiar with, and accept the oblig	gations of, Section 607.0505, gent and title if applicable. (N AND DIRECTORS	TE: Register	tatutes. ered Agent s	signature requir	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90080 020 ***150.00