**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000046559

1. Corporation Name

DENT DIMENSION, INC.

Principal Place of Business 1362 HELVENSTON NW

PALM BAY FL 32907

Mailing Address

1362 HELVENSTON NW PALM BAY FL 32907

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90163 013 \*\*\*150.00



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DO NOT WRITE IN THIS SPACE

•					3. Date Incorporated or Qualifed 05/21/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FE Number 35112-67 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	8	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29 . 30	D		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New Registered Agent
	NHILL, WILLIAM 2 HELVENSTON NW				ess (P.O. Box Number is Not Acceptable)
	M BAY FL 32907		\ -	33	
FALI	W DATTE SESOT			93	
				34 City	FL 85 Zip Code
office or r	onistered agent or both in the State (	of Florida. Such change was auth	OUZEU	outhe comoratio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
_	m familiar with, and accept the obligat	1 D	Thous	es. gent signatur reduired	lu-Edward Subelly DATE 1-10-99
12.	OFFICERS ANI		13.	gent agricitive require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE .	D	☐ DELETE	1.1 TIT.	E	☐ Change ☐ Additio
NAME	BARNHILL, WILLIAM		1.2 NAA	ie .	
STREET ADDRESS	1362 HELVENSTON NW		1.3 STR	EET ADORESS	·
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	2.1 TTTL	E	Change Additio
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NAME			6.2 NAM		
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CITY-ST-ZIP		j	6.4 CIT	-ST-ZIP	

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.

SIGNATURE: