ANNUAL REPORT

1999

PROFIT CORPORATION .



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087688

1. Corporation Name

SMILE VISION INTERNATIONAL, INC.

Principal Place 4241 ROTHERH PALM HARBOR 2. Principal P 21 Suite, Apt.	e of Busines IAM COURT FL 34685		M 42	alm Harboi	HAM COURT R FL 34685 ddress				DO NOT W 3. Date Incorporated or Qualif 10/14/1998 4. FEI Number	RITE IN TH	S SPACE	pplied For lot Applicable	
22			27		_ · ·				5. Certificate of Status Desired		Fee R		-
City & State	e .		- -''	City & Sta	ate				6. Election Campaign Financis	NG	\$5.00	May Be	7
23			28						Trust Fund Contribution	""		to Fees.	.]
Zip		. Country		Zip		Coul	ntry		8. This corporation owes the c	urrent year l	ntangible		7
24)		25	29		!	30			Personal Property Tax.		Yes	(XXVo	
	9. Name	and Address of Curre	ent Regis	stered Age	nt				10. Name and Address of Ne	w Registere	Agent]
				_	· -	[81	Name					Į.
AMERILAWYER								Street Add	dress (P.O. Box Number is Not Acce	otable)			-
1	ALMERIA A						82						1
COR	AL GABLE	S FL 33134				ſ	83						1
						}	84	City			85 Zip	Code	4
ţ								-		F			
office or h	egistered ag m tamillar wi	ent, or both, in the Stat	e of Florid	da. Such ch	ange was a	uthorized	bv U	ne corporat	tion's board of directors, I hereby ac	cept the app	ointment as n	egisterea	1
SIGNATURE		or printed name of registered as				-			poration submits this statement for i tion's board of directors, I hereby ac	DATE] 6
		12. 12. 11. 11. 11	gent and title	if applicable.		-				DATE	ND DIRECT	ORS IN 12	1/08)
SIGNATURE	Signature, typed	or printed name of registered at OFFICERS A	gent and title	if applicable.		Registered :	Agent s		ired when reinstating)	DATE			(11/08)
SIGNATURE	PSTD MARTON	or printed name of registered as OFFICERS A	gent and title	if applicable.	(NOTE:	Registered	Agent s		ired when reinstating)	DATE	ND DIRECT	ORS IN 12	134 (4
SIGNATURE 12. TITLE	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	if applicable.	(NOTE:	13, 1.1 TIII	Agent s		ired when reinstating)	DATE	ND DIRECT	ORS IN 12	DE0134 (11/08)
SIGNATURE 12. TITLE NAME	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A	gent and title	II applicable.	(NOTE	13. 1.1 IIII 12 NA/ 1.3 \$17	Agent s	DORESS	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12 Addition	D2E0134 (4
SIGNATURE 12. TITLE NAME STREET ADDRESS	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	II applicable.	(NOTE:	13. 1.1 IIII 12 NA/ 1.3 \$17	Agent :	DORESS	ired when reinstating)	DATE	ND DIRECT	ORS IN 12	D2E0134 (4
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	II applicable.	(NOTE	13, 1.1 TITI 1.2 NO 1.3 STI 1.4 CIT	Agent a LE ME REET A TY-ST-	DORESS	ired when reinstating)	DATE	ND DIRECTO	ORS IN 12 Addition	D2E0134 (4
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	II applicable.	(NOTE	13. 1.1 IIII 1.2 NAU 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAU	Agent a LE ME REET A TY-ST-	DORESS	and when reinstiting) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	ORS IN 12 Addition	D2E0134 (4
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	If applicable.	(NOTE:	13. 1.1 TITI 1.2 NAV 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STI	Agent a LE ME REET A TY-ST-	DORESS	ired when reinstating)	DATE	Change	ORS IN 12 Addition	CB2E034 (4
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	If applicable.	(NOTE	13. 1.1 TITI 1.2 NAV 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STI	Agents LE ME REET A TY-ST- LE ME REET AI TY-ST-	DORESS	and when reinstiting) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	ORS IN 12 Addition	, CD2E034 (4
SIGNATURE 12, TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	If applicable.	(NOTE:	13. 1.1 III 12 NAV 1.3 STI 1.4 CIT 2.1 IIII 2.2 NAV 2.3 STI 2.4 CIT	Agent i	DORESS	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition	, CD2E034 (4
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MARTON 4241 RO	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	If applicable.	(NOTE:	13. 1.1 TITI 12 NAV 13 STI 22 NAV 23 STI 2.4 CIT 3.1 TITI 3.2 NAV	Agent : LE ME REET A TY-ST- LE ME REET A TY-ST- LE	DORESS	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition	, CD2E034 (4
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PSTD MARTON, 4241 RO PALM HA	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicable.	OELETE DELETE DELETE	13. 1.1 III 12 NAV 13 STI 2.1 IIII 2.2 NAV 2.3 STI 2.4 CII 3.1 IIII 3.2 NAV 3.3 STI	Agent : LE ME REET A TY-ST- LE ME REET A TY-ST- LE	DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD MARTON, 4241 RO PALM HA	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicable.	(NOTE:	13. 1.1 III 12 NAV 13 STI 2.1 IIII 2.2 NAV 2.3 STI 2.4 CII 3.1 IIII 3.2 NAV 3.3 STI	Apart s LE ME REET A YY-ST-: LE ME REET A TY-ST- LE ME REET A TY-ST-	DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition	1) PED3CAD
SIGNATURE 12, TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PSTD MARTON, 4241 RO PALM HA	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicable.	OELETE DELETE DELETE	13. 1.1 III 12 NAV 13 STI 4 CII 21 IIII 22 NAV 23 STI 2.4 CII 3.1 IIII 3.2 NAV 3.3 STI 3.4 CII 3.4 CII	Agents LE REET A	DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MARTON, 4241 RO PALM HA	or printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicable.	OELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 STF 2.4 CIT 3.1 IIII 3.2 NAV 2.3 STF 2.4 CIT 3.1 IIII 3.2 NAV 3.3 STF 3.4 CIT 4.1 IIII 4.2 NA	Agents LE AME TY-ST LE AME TY-ST LE AME TY-ST LE	DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	PSTD MARTON, 4241 RO PALM HA	of printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicables.	DELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 STI 14 CIT 2.1 IIIII 2.2 NAV 2.3 STI 2.4 CIT 3.1 IIII 3.2 NAV 3.3 STI 4.1 IIII 4.2 NA 4.3 STI 4.4 CIT 4.4 CIT	Agents LE ME REET A REET A ME	DORESS ZP DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	DRS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD MARTON, 4241 RO PALM HA	of printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicables.	OELETE DELETE DELETE	13. 1.1 TITI 12 NAV 13 STI 14 CIT 21 TIM 22 STI 23 STI 24 CIT 32 NAV 33 STI 34 CIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIM	Agents LE ME REET A ME REET A LE ME REET A LE LE LE LE LE LE LE LE LE L	DORESS ZP DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	ORS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTON, 4241 RO PALM HA	of printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicables.	DELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 SII 14 CII 21 TIII 22 TIII 22 TIII 23 SIII 32 NAV 33 SIII 4.2 NA 4.3 SIII 4.2 NA 4.3 SIII 4.2 NA 5.1 TIII 5.2 NAV	Agents LE ME REET A ME RE	DORESS ZP DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	DRS IN 12 Addition Addition Addition	1) PED3CAD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MARTON, 4241 RO PALM HA	of printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicables.	DELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 STI 14 CIT 21 TIM 22 TIM 23 STI 24 CIT 3.1 IIII 32 NAV 33 STI 4.2 NA 4.3 STI 4.4 CIT 5.1 TIM 5.2 NAV 5.3 STI 5.3 STI	Agents LE ME ME REET A ME REET A LE ME REET A ME REET A REET A REET A REET A REET A REET A	DORESS ZP DORESS ZP DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	DRS IN 12 Addition Addition Addition	1) NEUDCOD
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD MARTON, 4241 RO PALM HA	of printed name of registered as OFFICERS A MANUEL THERHAM COURT	gent and title	H applicables.	DELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 SII 14 CII 21 TIII 22 TIII 22 TIII 23 SIII 32 NAV 33 SIII 4.2 NA 4.3 SIII 4.2 NA 4.3 SIII 4.2 NA 5.1 TIII 5.2 NAV	Agent a Age	DORESS ZP DORESS ZP DORESS ZP DORESS ZP	and when reinstiting) ADDITIONS/CHANGES TO	DATE	Change	DRS IN 12 Addition Addition Addition	1) 7000000

14. I hereby certify that the information supplied with this filling 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/apport 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 of the receiver of milities 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 for an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90269 008 ***150.00