07151999-90010-018-$550.00-$550.00

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FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90010 018 ***550.00
08-17-1999 90011 025 *****8.75

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000097010 ✓

1. Corporation Name

DDS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1735 VAMO DRIVE SARASOTA FL 34231	1735 VAMO DRIVE SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1998

4. FEI Number: 65-0878227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6336 HOLLYWOOD BLVD	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA	28 City & State: FL
24 34231 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

DOUGLASS, MICHAEL
1872 S TAMIAMI TRAIL
SUITE D
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FINE, JEFFREY		1.2 NAME	
STREET ADDRESS	1735 VAMO DRIVE		1.3 STREET ADDRESS	6336 HOLLYWOOD BLVD
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	COYLE, ALANA		2.2 NAME	
STREET ADDRESS	1735 VAMO DRIVE		2.3 STREET ADDRESS	6336 HOLLYWOOD BLVD
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, MICHAEL		3.2 NAME	
STREET ADDRESS	1872 S TAMIAMI TR #D		3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: Jeffrey Fine 7/7/99 941-927-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #