OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 09, 1999 8:00 am
Secretary of State
09-09-1999 90006 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

OCUMENT # S89284
Corporation Name
DENTS AWAY, INC.

icipal Place of Business	Mailing Address
46 NE 15TH ST LAUDERDALE FL 33304 S	2046 NE 15TH ST FT. LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. *Date Incorporated or Qualified* 10/23/1991

Principal Place of Business	2a. Mailing Address (26)
Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)
City & State	City & State (28)
Zip / Country (25)	Zip (29) / Country (30)

4. FEI Number 65-0293034 ☐ 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

9. Name and Address of Current Registered Agent

BROYLES, AMY W
2046 NE 15TH ST
FT LAUDERDALE FL 33304

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

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	BROYLES, AMY WINSLETTE	1.2 NAME	
EET ADDRESS	2046 NE 15TH ST	1.3 STREET ADDRESS	
Y-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
LE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	BROYLES, ROBERT TERRY	2.2 NAME	
EET ADDRESS	2046 NE 15TH ST	2.3 STREET ADDRESS	
Y-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
LE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

IGNATURE: SIGNED (PRES.) 9-6-99 (954) 463-0802
Date Daytime Phone #