FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

FILED

02-22-1999 90019 001 ***150.00

DOCUMENT # V25614

1. Corporation Name

SPORTS DENT, INC.

Principal Place of Business CR OFFICE OF STATE O	Mailing Address C/O USHER PRON 2999 NE 191 ST PH SIX AVENTURA FL 33180	AK "		
		3. Date In 03/25		
2. Principal Place of Business 1. 640 S Prayuk RD	2a. Mailing Address 26 P Box 31 H	4. FEI No.		

C/O USHER BRON 999 NE 191 ST PH SIX 2999 NE 191 ST PH SIX IVENTURA FL 33180 C/O USHER BRON 2999 NE 191 ST PH SIX AVENTURA FL 33180						 15-0			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified								
Drimain	al Place of Bu				Mailing Addre					03/25/1				_ -	·	- K- 4 F	
Nincip		Prayzy	RD	2a. 26	P =	Dow	31	71	ĺ	65-032				F		olied For Applicable	
Suite,	Apt. #, etc.			27	Suite, Apt. #,	etc.		<u> </u>		5. Certificate		Desired			75 A	dditional quired	
City &							PALE, FL			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees							
Zip 3	3020	Country 25	sr.	29	Zio 了了	<u>و</u> اد	Country	P.		This corp Personal	oration ow Property		-	ngible Yes		□No	
	g. Nan	ne and Address	s of Curren	t Regis	tered Agent				1	0. Name ar	nd Addres	s of New Re	gistered A	gent			
В	RYN, USHEF	?	į.				81	Name									
	999 NE 191		•				82	Street /	Address	(P.O. Box N	lumber is t	lot Acceptab	ie)				
	VENTURA FL						83	<u> </u>				<u> </u>			,		
		- 00100					83										
							84	City						85	Zip C	ode	
		risions of Section						L		 	 		<u> </u>	بلل			
SIGNATU		ed or printed name of				(NOTE: R	egistered Agen	t signature re	equired who		10/01/44/0		DATE				
2	- P	OFFICERS AND DIRECTORS Delete				13.			ADDITION	IS/CHANG	ES TO OFFI	CERS AND	M Ch		Addition		
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··- ST-ZIP		IRA FL 33180		•-			1.4 CITY-ST	- 1	Ùο	1 kand	ala	4T	3	30	16		
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I ADDR	E33						4.3 STREET	ADDRESS									
ST-ZIP							4.4 CITY-S1	- 1									
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	ļ						52 NAME					-			_		

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 supplient at lannual 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 director of the d

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

ST-ZIP

__: ACORESS

☐ Change

☐ Addition