

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

0004620

PROFIT,  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **V41218**

1. Corporation Name

**TRI TECH DENTAL STUDIOS, INC.**

Principal Place of Business

**2922 N. STATE ROAD #7  
MARGATE FL 33063**

Mailing Address

**5322 N.W. 116TH AVE.  
CORAL SPRINGS FL 33076**

**FILED**

**99 JUL 26 AM 4:31**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/02/1992**

4. FEI Number

**65-0347626**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**WHITNEY, SHARI  
5322 N.W. 116TH AVENUE  
CORAL SPRINGS FL 33076**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BASKIN, DAVID**  
STREET ADDRESS **5322 N.W. 116TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **D** ☐ DELETE

NAME **WHITNEY, SHARI**  
STREET ADDRESS **5322 N.W. 116TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: **David Baskin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


**7.13.99**

Date

**954-975-2870**

Daytime Phone #

CR2E034 (5/99)

TRI-TECH DENTAL STUDIOS, INC.  
2922 N. STATE ROAD #7  
MARGATE, FL 33063  
(954) 975-2870 

July 13, 1999

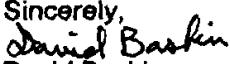
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Enclosed please find a check in the amount of \$150.00 representing the state filing fee for 1999.

I apologize for not filing sooner, however, I am seventy-five years old and my wife recently suffered a massive stroke. For the past several months, I've been in and out of hospitals and nursing homes trying to care for her. I don't remember receiving the original filing paperwork which you sent out several months ago.

Thank you in advance for your cooperation.

Sincerely,  
  
David Baskin  
President