

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 048 ****61.25

DOCUMENT # P39622

1. Corporation Name

OPERATION SMILE, INC.

Principal Place of Business

220 BOUSH ST.
NORFOLK VA 23510

Mailing Address

220 BOUSH ST.
NORFOLK VA 23510



2. Principal Place of Business

21 **6435 Tidewater Dr**

2a. Mailing Address

26 **6435 Tidewater Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Norfolk VA**

City & State

28 **Norfolk VA**

Zip

Country

24 **23509**

25

Zip

Country

29 **23509**

30

3. Date incorporated or Qualified

07/02/1992

4. FEI Number

54-1460147

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

9. Name and Address of Current Registered Agent

CATENA, LAURIE
5310 FAYWOOD CT.
ORLANDO FL 32819

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **CD**
STREET ADDRESS **MAGEE, WILLIAM P., JR.**
CITY-ST-ZIP **1029 N. SHORE RD.**
NORFOLK VA

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **REIDY, FRANK H.**
CITY-ST-ZIP **515 WILDER POINT**
VIRGINIA BEACH VA

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHENG, RICHARD**
CITY-ST-ZIP **596 LYNNHAVEN PARKWAY**
VIRGINIA BEACH VA

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WREN, WILLIAM C.**
CITY-ST-ZIP **201 STEVENS COURT**
BURNSVILLE MN

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **VENTKER, DAVID**
CITY-ST-ZIP **4705 COLUMBUS ST. #100**
VIRGINIA BEACH VA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-99 (757) 625-0325

CR2E037 (5/99)

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