

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732996 (4)
1. Corporation Name
FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Principal Place of Business Mailing Address
2851 REMINGTON GREEN CIR PO BOX 12187
STE B TALLAHASSEE FL 32317-2187
TALLAHASSEE FL 32300-3756 US
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1975 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1677431 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MCRAE, HERB
2851 REMINGTON GREEN CIR
STE B
TALLAHASSEE FL 32308

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CARBONE, NATE *DELETE
STREET ADDRESS	6952 ALOMA AVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	SD
NAME	MUNDEN, INGE
STREET ADDRESS	HIGHLAND PK BLVD #2
CITY-ST-ZIP	LAKELAND FL
TITLE	M
NAME	MCRAE, HERB
STREET ADDRESS	2851 B REMINGTON GREEN CIR
CITY-ST-ZIP	TALLAHASSEE FL 58
TITLE	VD
NAME	MATHESON, BRUCE
STREET ADDRESS	404 SE 23RD AVE
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	VD
NAME	CHICKEY, KEN
STREET ADDRESS	1110-D N. 'G' ST
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD
NAME	PHILLIPS, ANTHONY
STREET ADDRESS	5775 BERRYHILL RD
CITY-ST-ZIP	MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Palgon, Emanuel
1.3 STREET ADDRESS	59 Merrick Way, Ste. 204
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Inge Munden
2.3 STREET ADDRESS	4326 Highland Park Blvd., Ste 2
2.4 CITY-ST-ZIP	Lakeland, FL 33813
3.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Moyer, Phillip M.
3.3 STREET ADDRESS	14333 58th Street North
3.4 CITY-ST-ZIP	Clearwater, FL 34620
4.1 TITLE	President-Elect/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Matheson, Bruce
4.3 STREET ADDRESS	404 SE 23rd Avenue
4.4 CITY-ST-ZIP	Boynton Beach, FL 33435
5.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Chickey, Ken
5.3 STREET ADDRESS	1110-D N. G Street
5.4 CITY-ST-ZIP	Lake Worth, FL 33460
6.1 TITLE	Past President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Phillips, Anthony
6.3 STREET ADDRESS	5775 Berryhill Road
6.4 CITY-ST-ZIP	Milton, FL 32570

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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.

SIGNATURE: Sandra B. Mortham 2/13/95 Date 904-385-1720 Digital Photo