

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 30 PM 1:07

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 32308-3756 US

3. Date Incorporated or Qualified 06/09/1975
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 1401 MacLay Commerce Dr. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Tallahassee FL 28
City & State
24 32312-3908 25 USA 29 30
Zip Country Zip Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 HERBERT W. MCRAE
82 Street Address (P.O. Box Number is Not Acceptable) 1401 MacLay Commerce Dr.
83
84 City Tallahassee FL 85 Zip Code 32312-3908

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: *Herbert W. McRae* HERBERT W. MCRAE 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALGON, EMANUEL	1.2 NAME	MUNOZ, PHILLIP
STREET ADDRESS	59 MERRICK WAY SUITE 204	1.3 STREET ADDRESS	2810 INDUSTRIAL PLAZA DRIVE, #A
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT - ELEC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDEN, INGE	2.2 NAME	
STREET ADDRESS	4328 HIGHLAND PARK BLVD STE 2	2.3 STREET ADDRESS	500002163365--1
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	-05/02/97--01067--017
TITLE	M <input type="checkbox"/> DELETE	3.1 TITLE	****61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, HERB	3.2 NAME	
STREET ADDRESS	2851 B REMINGTON GREEN CIR	3.3 STREET ADDRESS	1401 MACLAY COMMERCE DR.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MATHESON, BRUCE	4.2 NAME	
STREET ADDRESS	404 SE 23RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CHICKEY, KEN	5.2 NAME	
STREET ADDRESS	1110-D N. 'G' ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	EXECUTIVE VICE PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, RICHARD	6.2 NAME	
STREET ADDRESS	14333 58TH ST NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Herbert W. McRae* HERBERT W. MCRAE 4-29-97 904-906-0099
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0008712

CR2E037 (9/96)