

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 STE B TALLAHASSEE FL 32308-3756 US  
PO BOX 12187 TALLAHASSEE FL 32317-2187 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  
Tallahassee FL  
23 Zip Country 28  
32312-3908 USA 29 30

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		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PALGON, EMANUEL	
STREET ADDRESS	59 MERRICK WAY SUITE 204	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUNDEN, INGE	
STREET ADDRESS	4328 HIGHLAND PARK BLVD STE 2	
CITY-ST-ZIP	LAKELAND FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MCRAE, HERB	
STREET ADDRESS	2851 B REMINGTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHESON, BRUCE	
STREET ADDRESS	404 SE 23RD AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHICKEY, KEN	
STREET ADDRESS	1110-D N. 'G' ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRELL, RICHARD	
STREET ADDRESS	14333 58TH ST NORTH	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUNOZ, PHILLIP	
1.3 STREET ADDRESS	2810 INDUSTRIAL PLAZA DRIVE, #A	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
2.1 TITLE	PRESIDENT - ELEC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500002163365--1	
2.4 CITY-ST-ZIP	-05/02/97--01067--017	
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS	1401 MACLAY COMMERCE DR.	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	EXECUTIVE VICE PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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)