

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:24

DOCUMENT # **G59798** (0)
1. Corporation Name
INTERNATIONAL DENTAL PLANS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% JOHN D. GOLDBERG
2500 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009

3. Date Incorporated or Qualified **09/16/1983** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	2a	59-2327793	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDBERG, JOHN D. 2500 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009		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: John D. Goldberg (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: 1/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DYS	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, JOHN D	1.2 NAME	HORMAN ENRI
STREET ADDRESS	2500 E HALLANDALE BCH	1.3 STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD - 4511
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLEN, HARVEY S.	2.2 NAME	Blair McBride
STREET ADDRESS	2500 E. HALLANDALE BCH	2.3 STREET ADDRESS	2500 E. Hall andale Beach Blvd #511
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Hallandale FL 33009
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURLAND, BARRY T.	3.2 NAME	Barbara Browning
STREET ADDRESS	2500 E. HALLANDALE BCH	3.3 STREET ADDRESS	2500 E. Hall andale Beach Blvd #511
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Hallandale FL 33009
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, STANLEY	4.2 NAME	
STREET ADDRESS	2500 E. HALLANDALE BCH	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSTEIN, STANLEY G.	5.2 NAME	
STREET ADDRESS	2500 E.HALLANDALE BCH.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTUN, LOIS L.	6.2 NAME	
STREET ADDRESS	2500 EAST HALLANDALE BEACH BLVD STE 511	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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: [Signature] (Signature and typed or printed name of signing officer or director) DATE: 1/16/95 (305) 458-4120