

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G59798 (0)**

1. Corporation Name  
**INTERNATIONAL DENTAL PLANS, INC.**



Principal Place of Business: ~~XXXXXXXXXXXX~~  
**2500 EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33009**

Mailing Address: ~~XXXXXXXXXXXX~~  
**STE 511  
HALLANDALE FL 33009  
US**

3. Date Incorporated or Qualified: **09/16/1983**  
3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-2327793**  
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

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24

2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29

9. Name and Address of Current Registered Agent: **GOLDBERG, JOHN D. X  
2500 EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent:

81 Name: **STANLEY G. GREENSTEIN**  
82 Street Address (P.O. Box Number is Not Acceptable): **2500 E. HALLANDALE BEACH BLVD. #511**  
83  
84 City: **HALLANDALE** FL 85 Zip Code: **33009**

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]* **Stanley G. Greenstein**  
Vice President/Treasurer  
Date: **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE: DTS NAME: GOLDBERG, JOHN D STREET ADDRESS: 2500 E HALLANDALE BCH CITY-ST-ZIP: HALLANDALE, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: PALLEN, HARVEY S. STREET ADDRESS: 2500 E. HALLANDALE BCH CITY-ST-ZIP: HALLANDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: GURLAND, BARRY T. STREET ADDRESS: 2500 E. HALLANDALE BCH CITY-ST-ZIP: HALLANDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: RICHARDSON, STANLEY STREET ADDRESS: 2500 E. HALLANDALE BCH CITY-ST-ZIP: HALLANDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: DP NAME: GREENSTEIN, STANLEY G. STREET ADDRESS: 2500 E. HALLANDALE BCH. CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE
TITLE: DV NAME: KUTUN, LOIS L. STREET ADDRESS: 2500 EAST HALLANDALE BEACH BLVD STE 511 CITY-ST-ZIP: HALLANDALE FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DP 1.2 NAME: FRED L. SHARPE 1.3 STREET ADDRESS: 2500 E. HALLANDALE BEACH BLVD #511 1.4 CITY-ST-ZIP: HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: V 2.2 NAME: GARY L. ALEXANDER 2.3 STREET ADDRESS: 2500 E. HALLANDALE BEACH BLVD #511 2.4 CITY-ST-ZIP: HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: DS 3.2 NAME: ROBERT B. VLACH 3.3 STREET ADDRESS: 2500 E. HALLANDALE BEACH BLVD #511 3.4 CITY-ST-ZIP: HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: E 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: DVT 5.2 NAME: STANLEY G. GREENSTEIN 5.3 STREET ADDRESS: 2500 E. HALLANDALE BEACH BLVD #511 5.4 CITY-ST-ZIP: HALLANDALE, FL. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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]* **STANLEY G. GREENSTEIN** 4/25/96 (800) 741-7711  
Date: 4/25/96 Day/Time Phone: (800) 741-7711

CR2E034 (12/95)