


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 04 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
 % JOHN D. GOLDBERG 2500 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009
 % JOHN D. GOLDBERG STE 511 HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 22 3440 Hollywood Blvd Ste 150 27 13601 Preston Rd Ste 500E
 23 City & State 23 Hollywood, FL 28 Dallas, TX
 24 Zip 24 33021 25 Country 25 USA 29 Zip 29 75240 30 Country 30 USA

3. Date Incorporated or Qualified 09/16/1983 3a. Date of Last Report 04/29/1996
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 GREENSTEIN, STANLEY G.
 2500 E HALLANDALE BEACH BLVD #511
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent
 81 Name CT Corporation System
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
 83
 84 City Plantation FL 85 Zip Code 33324

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, to 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] 8/19/97
 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	DP	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, FRED L.	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #511	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, GARY L.	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #511	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VLACH, ROBERT B.	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #511	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, STANLEY	
STREET ADDRESS	2500 E. HALLANDALE BCH	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GREENSTEIN, STANLEY G.	
STREET ADDRESS	2500 E. HALLANDALE BCH.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	GREENSTEIN, STANLEY G.	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD #511	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter R. Barnett	
1.3 STREET ADDRESS	13601 Preston Road, Suite 500 East	
1.4 CITY-ST-ZIP	Dallas, TX 75240	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark E. Pope	
2.3 STREET ADDRESS	13601 Preston Road, Suite 500 East	
2.4 CITY-ST-ZIP	Dallas, TX 75240	
3.1 TITLE	Asst. Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David K. Meyer cord	
3.3 STREET ADDRESS	901 Main Street, Suite 4300	
3.4 CITY-ST-ZIP	Dallas, TX 75202	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William H. Wilcox	
4.3 STREET ADDRESS	13601 Preston Road, Suite 500 East	
4.4 CITY-ST-ZIP	Dallas, TX 75240	
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		<input type="checkbox"/> Change <input 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)(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 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] Mark E. Pope 972-458-7474

CR2E034 (4/97)