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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G93837 HOWARD CORDON DENTAL LAB. INC.

(4)

APPROVED P9.16/2

97 SEP 10 AM 10: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address 2800 E COMMERCIAL BLVD #211 2800 E COMMERCIAL BLVD #211 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1984 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2395531 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORDON, HOWARD 2800 E COMMERCIAL BV 211 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE Change CORDON, HOWARD NAME 1.2 NAME 100002292301---4 -09/12/97--01132--005 2800 E COMMERCIAL BV 211 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ****165.00 *****165.00 DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 51 TITLE Change Acdition ITLE MMF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CHY-ST-ZIP 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.

954 1/02

HOWARD CORDON DENTAL LAB, INC. 2800 E. COMMERCIAL BLVD. #211 FT. LAUDERDALE, FL 33308

September 2, 1997

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

RE: Howard Cordon Dental Lab, Inc. 1997 - Annual Report EIN# 59-2395531

Dear Sirs:

This letter is in response to the Second Notice that I received regarding the filing of the 1997 Profit Corporation Annual Report for my Corporation. I recently spoke with someone from your office and informed them that I had never received the first notice. Our company has always filed this report timely in the past and had we received the first notice, we would have taken care of it by the original due date of May 1, 1997.

We are therefore enclosing a check in the amount of \$165.00 for the fees along with our completed report. Should you require any additional information, please contact me directly.

Thank you in advance for your assistance in this matter.

Sincerely,

HOWARD CORDON DENTAL LAB, INC.

Howard Cordon

Enclosures