FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93837

Corporation Name

HOWARD CORDON DENTAL LAB, INC.

(4)

FILED Mar 19 1998 8:00am Secretary of State



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Principal Plac	ress					
	MERCIAL BLVD #211 ALE FL 33308		MERCIAL BLVD #21 IALE FL 33308	ì		,
THE ENOBERDACE TE 30000		, , , , , , , , , , , , , , , , , , , ,				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 03/29/1984
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21		26	26			59-2395531 Not Applicable
Suite, Apt.	#, etc	· · ·	Suite, Apl. #, etc.			Certificate of Status Desired Section Section Section Sectio
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zıp			ountry	/	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9, Name and Address of Curr	ent Registered Ager	nt			10. Name and Address of New Registered Agent
CO	RDON, HOWARD			B1	Name	
2800 E COMMERCIAL BV 211					Street	Address (P.O. Box Number is Not Acceptable)
FT	LAUDERDALE FL 33308			82	011001	Addition to the state of the st
				83		
				84	City	85 Zip Code
				07	City	FL S Z p COO
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, FI	orida Statutes, the	abov	e-named	corporation submits this statement for the purpose of changing its registered
office of r	egistered agent, or both, ⊕ the Sta m familiar with, and accept he bbl	Te of Florida, Such of loations of, Section 6	nange was authoriz 07.0505. Florida St	eo by	y the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	H10 63		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	2/2/02
SIGNATURE	Signature type of or printed name of togeth real a	agent and the it applicable	(NOT) Flegiste	ed Apr	oni signature	a required when reinstating) DATE
12.		ND DIRECTORS	13	,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		DELETE 1.1	TITLE		☐ Change ☐ Addition
NAME	CORDON, HOWARD		1.2	NAME		
STREET ADDRESS	2800 E COMMERCIAL BY 2	.11	13	STREET	ADDRESS	
CITY-ST-ZIP	ft lauderdale fl		14	CITY-S	ST - ZIP	
TITLE			DELETE 21	HTLE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP			2.4	CITY-	ST-ZIP	
TITLE				TITLE		Change Addition
NAME			32	NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY -		
TITLE				TITLE	J. 211	Change Addition
NAME			1	NAME		
STREET ADORESS					ADORESS	•
CITY-ST-ZIP				CITY-S		
TITLE				TITLE	· · · · · ·	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
1			1			.∵
CITY+ST-ZIP TITLE		·····		CITY-S TITLE	ot - ZIP	☐ Change ☐ Addition
		ليا				Li Orango Li Adultoti
NAME				NAME		
STREET ADDRESS					ADDRESS	
CiTY-SI-ZIP	 		6.4	CITY-S	T-ZIP	

1. Thereby 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:

Houn Cana

3/7/98 (954) 491268