

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

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Apr 21 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K19823 (9)
1. Corporation Name
ABC DENTAL LABORATORY, INC.



Principal Place of Business: 1210 BELLEAIR ROAD CLEARWATER FL 34016 33756
Mailing Address: 1210 BELLEAIR ROAD CLEARWATER FL 34016 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/29/1988
4. FEI Number: 59-3103095
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: WILSON AND GRIFFIN P.A., 401 SOUTH LINCOLN AVE., CLEARWATER FL 34616

10. Name and Address of New Registered Agent: DAVID W. GRIFFIN, P.A., 565 SOUTH DUNCAN AVE., CLEARWATER, FL 33756

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: David W. Griffin (with signature) DATE: 4-13-98

12. OFFICERS AND DIRECTORS

TITLE	STD	BAKER, MOHAMMED	3102 BLUFFS DRIVE	LARGO FL	<input type="checkbox"/> DELETE
TITLE	P	BAKER, MOHAMMED	3102 BLUFFS DRIVE	LARGO FL	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CYNTHIA A. BAKER	
3.3 STREET ADDRESS	3102 BLUFFS DRIVE	
3.4 CITY-ST-ZIP	LARGO FL 33770	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: (with signature) (013)446-3368

CR2E034 (10/97)