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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K59158** (1)

1. Corporation Name
AMERICAN DENTAL TECHNOLOGIES, INC.

Principal Place of Business: **% GEORGE J. SCHNEIDER II
230 NAYLOR ST NE
PALM BAY FL 32907**

Mailing Address: **% GEORGE J. SCHNEIDER II
230 NAYLOR ST NE
PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1989	3a. Date of Last Report 05/01/1994
21. GEORGE J. Schneider II Suite, Apt #, etc	26. Suite, Apt #, etc			4. FEI Number 59-2924751	Applied For <input type="checkbox"/> Not Applicable
22. 5030 Minton Rd. Suite B City & State	27. City & State			5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Palm Bay, Fl 32907 Zip	28. City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 32907 Country	25. Brevard Country	29. Country	30. Country	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
SCHNEIDER, GEORGE J. II 230 NAYLOR ST NE PALM BAY FL 32907				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (b)(8), 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 (b)(8), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, GEORGE J. II	12 NAME	
STREET ADDRESS	230 NAYLOR ST NE	13 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	14 CITY, ST, ZIP	
TITLE	D	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, CAROL J.	16 NAME	
STREET ADDRESS	230 NAYLOR ST NE	17 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	

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 (1)(7)(b), 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 as an alternate with an addition.

SIGNATURE: **Carol J. Schneider** *Carol J. Schneider* 4-26-95 47-952 5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR