

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011891 (8)**

1. Corporation Name
DENTAL PRODUCTS TESTING, INC.

Principal Place of Business Mailing Address
1300 N FEDERAL HWY. #12 **1300 N FEDERAL HWY. #12**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/11/1992** 3a. Date of Last Report: **04/19/1994**
4. FEI Number: **65-0375406** 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**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
D'ANGIO, ROBERT A JR
10825 N MILITARY TR
STE 208
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. 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 to be applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS
TITLE: **D**
NAME: **MANKODI, SURENDRA M DDS MSB**
STREET ADDRESS: **1300 N FEDERAL HWY**
CITY-ST-ZIP: **LAKE WORTH FL 33460**
TITLE: **D**
NAME: **CONFORTI, NICHOLAS J DDS**
STREET ADDRESS: **1300 N FEDERAL HWY**
CITY-ST-ZIP: **LAKE WORTH FL 33460**
TITLE: **D**
NAME: **BROOKS, BRUCE P DDS**
STREET ADDRESS: **1000 N FEDERAL HWY**
CITY-ST-ZIP: **LAKE WORTH FL 33460**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

No longer with Corporation

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 110.07(3)(k), 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: *S. Mankodi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. MANKODI *President*

APR. 14, 1995 407-624-6868
Date System Phone #