

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90064 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000011891**

1. Corporation Name  
**DENTAL PRODUCTS TESTING, INC.**



Principal Place of Business 1300 N FEDERAL HWY SUITE 2 LAKE WORTH FL 33460 US	Mailing Address 1300 N FEDERAL HWY SUITE 2 LAKE WORTH FL 33460 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0375406	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. Date Incorporated or Qualified 12/11/1992
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9. Name and Address of Current Registered Agent D'ANGIO, ROBERT A JR 10625 N MILITARY TR STE 208 PALM BEACH GARDENS FL 33410	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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]* DATE: *03-18-99*

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME MANKODI, SURENDRA M DDS MSB	
STREET ADDRESS 1300 N FEDERAL HWY	
CITY-ST-ZIP LAKE WORTH FL 33460	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME HIMANSHU M. MANKODI	
1.3 STREET ADDRESS 4312 MANOR FOREST WAY	
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33462	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME NICHOLAS J. CONFORTI	
2.3 STREET ADDRESS 121 N. GOLFVIEW ROAD #9	
2.4 CITY-ST-ZIP LAKE WORTH FL 33460	
3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SURENDRA M. MANKODI	
3.3 STREET ADDRESS 1611 N. FEDERAL HWY	
3.4 CITY-ST-ZIP LAKE WORTH FL 33460	
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3/16/99* DAYTIME PHONE #: *561/586-5312*

CR2E034 (11/98)



## Dental Products Testing, Inc.

1611 N. Federal Highway  
Lake Worth, FL 33460-6644  
561/586-5312 Fax 561/582-2599

P 920000 1189 1  
259081 90064-E

March 1, 1999

To: All Corporate Stockholders

Re: Notification required by Florida statute section 199.057(2)(c)

We hereby notify all stockholders and the State of Florida Department of Revenue that this corporation elects to pay the intangible tax on all outstanding capital stock of this corporation as agent for its Florida stockholders. The corporation will include on its 1999 Florida Corporation, Partnership and Fiduciary Intangible Personal Property Tax Return the value of all its shares held by Florida residents.

The corporation hereby certifies that this notice is being given to all Florida stockholders on or before April 1, 1999, for the 1999 tax year.

The corporation will file required written notice of this election with the State of Florida Department of Revenue on or before June 30, 1999, or approved extension date.