

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000065915 (9)**

1. Corporation Name

**AMERICAN QUALITY DENTAL SUPPLIES, INC.**



Principal Place of Business

**915 MIDDLE RIVER DRIVE  
 STE. 501  
 FORT LAUDERDALE FL 33304**

Mailing Address

**915 MIDDLE RIVER DRIVE  
 STE. 501  
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BALANOFF, WILLIAM L D.D.S.  
 915 MIDDLE RIVER DRIVE  
 STE. 501  
 FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified

**09/22/1993**

3a. Date of Last Report

**03/21/1995**

4. FEI Number

**65-0441542**

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**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 provisions of Sections 607.050 and 607.150, Florida Statutes.

SIGNATURE

*William L. Balanoff*

21 MAR 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALANOFF, WILLIAM L D.D.S.</b>		2. NAME	
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE STE. 501</b>		3. STREET ADDRESS	
CITY-STATE-ZIP	<b>FORT LAUDERDALE FL 33304</b>		4. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME	
STREET ADDRESS			7. STREET ADDRESS	
CITY-STATE-ZIP			8. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME	
STREET ADDRESS			11. STREET ADDRESS	
CITY-STATE-ZIP			12. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME	
STREET ADDRESS			15. STREET ADDRESS	
CITY-STATE-ZIP			16. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-STATE-ZIP			20. CITY-STATE-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 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this and any attached 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 attached or supplemental address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William L. Balanoff*

21 MAR 96

954 568 9999

CR2E034 (12/95)