

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED AND FILED

96 OCT -9 PM 12:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000036568 (0)

1. Corporation Name
 RICH-ART DENTAL, INC.

Principal Place of Business Mailing Address
~~1209 W. BROWARD BLVD. FORT LAUDERDALE FL 33312~~
 1854 NW 54TH AVE MARGATE FLA 33063
~~1209 W. BROWARD BLVD. FORT LAUDERDALE FL 33312~~
 1854 NW. 54TH AVE MARGATE FLA 33063

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

3. Date Incorporated or Qualified 05/05/1995 3a. Date of Last Report
 4. FEI Number 65-058-1954 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 GIAMBRONE, RICHARD
 1209 W. BROWARD BLVD.
 FORT LAUDERDALE FL 33312

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 607.0309, Florida Statutes.
 SIGNATURE: *Richard Giambrone* Richard Giambrone 9/23/96
 (NOTE: Registered Agent signature required when reinstalling.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIAMBRONE, RICHARD	
STREET ADDRESS	1209 W. BROWARD BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33312	
TITLE	GIAMBRONE RICHARD	<input type="checkbox"/> DELETE
NAME	1854 NW 54TH AVE	
STREET ADDRESS	MARGATE FLA 33063	
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
 Change Addition
 1.1 TITLE
 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
 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
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

000001978830-4
 -10/17/96-01072-004
 ****200.00 ****200.00
 000001978830-4
 -10/17/96-01072-004
 ****225.00 ****225.00

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(5)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.
 SIGNATURE: *Richard Giambrone* Richard Giambrone 9/23/96 954-9714202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)

2 of 2

Rich-Art Dental

1854 N.W. 54 Ave.

Margate FL 33063

954-971-4302

To Whom it may Concern,

Please be advised of our new address.
We have had much difficulty having our
mail forwarded.

Thank You for your consideration.

Rehal Crabbe,

**Rich-Art Dental
1854 N.W. 54th Avenue
Margate, Florida 33068**