

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**

1996 SEP -6 PM 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051791 (8)
 1. Corporation Name
GAINESVILLE DENTAL LAB, INC.



Principal Place of Business 4000 WEST NEWBERRY ROAD SUITE E GAINESVILLE FL 32607	Mailing Address 4000 WEST NEWBERRY ROAD SUITE E GAINESVILLE FL 32607
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3. Date Incorporated or Qualified 06/30/1995	3a. Date of Last Report
4. FEI Number 59-3328557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PRENDES, RALPH
4000 WEST NEWBERRY ROAD
SUITE E
GAINESVILLE FL 32607**

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 _____ (NOTE: Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DELETE <input type="checkbox"/>
NAME	President Ralph Prendes
STREET ADDRESS	RT 3 Box 629 High Springs Fla 32643
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	Secretary Eda Prendes
STREET ADDRESS	RT 3 Box 629 High Springs Fla 32643
CITY - ST - ZIP	
TITLE	DELETE <input checked="" type="checkbox"/>
NAME	Sec / Treasure Charles Vellis
STREET ADDRESS	PO Box 62 Alachua Fla 32615
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12 NAME	Eda Sec / Treasure
13 STREET ADDRESS	Eda Prendes RT 3 Box 629 112 High Springs Fla 32643
14 CITY - ST - ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	000001952460 -09/20/96--01021--007 ****225.00 ****225.00
24 CITY - ST - ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-378-8917

CR2E034 (3/96)