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

PROFIT CORPORATION ` ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000039023 (2)

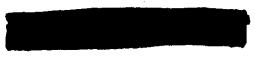
1. Corporation Name

Viscava Dental Laboratory

·		
Principal Place of Business	Mailing Address	١ ١
1425 Viscaya Parkway	1425 Viscaya Parkway	
201	201	
Cape Coral, Fl 33990	Cape Coaral, Fl 33990	3. Date
2. Principal Place of Business	2a. Mailing Address	4. FEII
	26	65-0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certif
<u></u>	27	J. 03,0
City & State	City & State	6. Elec
	28	Trus
Zip Country	Zip Country	8. This
24 25	29 30	Pers
9. Name and Address of Currer		10. Nam

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90087 002 ***150.00



rincipal Place of Business	Mailing Address							
1425 Viscaya Parkway	1425 Vis	scaya Pa	rkv	vay				
201	201		DO NOT WRITE IN THIS SPACE					
Cape Coral, Fl 33990	Cape Coa	aral, Fl	. 33	3990	3. Date incorporated or Qualifed			
cupe corum,	-				5-1-1996	•		
. Principal Place of Business	2a. Mailing Addr	ess			4. FEI Number		Ap	plied For
	26				65-0668640		No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 A	
	27				o. Certificate of California		Fee Re	quired
City & State	City & State				6. Election Campaign Financing		\$5.00	- 1
<u></u>	28				Trust Fund Contribution		Added t	o Fees
Zip Country	Zip		untry		8. This corporation owes the curre			□No
[25]	[29]	[30]			Personal Property Tax.		Yes	LINO
9. Name and Address of Current	Registered Agent		81	Nome	10. Name and Address of New R	egistereo A	gent	
Kormos, Debra A	1		°'	Name				
1425 Viscaya Parkway	Ì		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		.]
Cape Coral, Fl 33990	1		83					
1			"	_	·			
			84	City		FL		Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Flori	da Statutes, the	above	named corpo	oration submits this statement for the	purpose of c	hanging its	registered
office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation	r Fiorica Silco coan	ae was aumonze	ו עט טי	he corporatio	on's board of directors. I hereby accep	t the appoin	lment as re	gistered
SIGNATURE	· · · -				Luten minutallen	DATE		
Signature, typed or printed name of registered agent		(NÖTE: Registere		alguature required	d when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
			mue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
mle DPS Kormos, Debra A	, 00		NAME	.			- •	
7220 Draka Dr				ADDRESS				
704 Marana 171 271	908		CITY-ST					
			MLE	LIF			Change	☐ Addition
DVI	i	4	VAME	1				
WME Grant, Connie C STREET ADDRESS - 149 Gleason Par	kway-			ADDRESS	عبيده معرضي عدانات	. = -=		75 F
		10	CITY-SI	1		•		
Cape Coral, Fl	<u> </u>		TITLE	-24			Change	☐ Addition
			NAME	· ·	•			`.
NAME	•			ADDRESS				-
STREET ADDRESS			CITY-SI					
CITY-ST-ZIP			MLE	-24			Change	Addition
IIILE			NAME	}			_ •	· .
NAME	•			ADDRESS	•			
STREET ADDRESS		4.3	FINEE	,				
CITY-ST-ZP 📑 📑 🔠		€	~ ~	- 710 I				
WDC	—— П		CITY-ST	-ZIP	<u> </u>	. ;	Change	Addition
TITLE ASSOCIATION OF THE STREET	. 🗆 :	ELETE 5.1	TITLE	-2IP		. ;	Change	Addition
NAME	. 🗆 ī	DELETE 5.1 5.2	TITLE				Change	Addition
NAME STREET ADDRESS		DELETE 5.1 5.2 5.3	TITLE NAME STREET	ADORESS		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS CITY-ST-ZP		DELETE 5.1 5.2 5.3 5.4	TITLE NAME STREET CITY-ST	ADORESS				
NAME STREET ADDRESS CITY-ST-ZP		DELETE 5.1 5.2 5.3 5.4 DELETE 6.1	TITLE NAME STREET CITY-ST	ADORESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZP		SELETE 5.1 5.2 5.3 5.4 DELETE 6.1 6.2	TITLE NAME STREET CITY-ST TITLE	ADORESS				

CITY-ST-ZP 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 arm 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 changes, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

2.25.99