

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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011376 (5)
 1. Corporation Name
CUSTOM DENTAL LAB SERVICES, INC.



Principal Place of Business 157 EAST LAKE BRANTLEY DRIVE LONGWOOD FL 32779	Mailing Address 157 EAST LAKE BRANTLEY DRIVE LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1997	
2. Principal Place of Business 21 926 Great Pond Drive Suite, Apt. #, etc. Suite 2004 City & State Altamont Springs, FL Zip 32714 Country USA	2a. Mailing Address 26 926 Great Pond Drive Suite, Apt. #, etc. Suite 2004 City & State Altamont Springs, FL Zip 32714 Country USA
4. FEI Number 89-3424428	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DR. James J. Katsch		1.2 NAME DR. James J. Katsch	
STREET ADDRESS 926 Great Pond Drive, Suite 2004		1.3 STREET ADDRESS 926 Great Pond Drive, Suite 2004	
CITY-ST-ZIP Altamont Springs, FL 32714		1.4 CITY-ST-ZIP Altamont Springs, FL 32714	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME DR. Andrew Greenberg	
STREET ADDRESS		2.3 STREET ADDRESS 926 Great Pond Drive, Suite 2004	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Altamont Springs, FL 32714	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)