

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90252 017 ***150.00

03/08/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000011376

1. Corporation Name
CUSTOM DENTAL LAB SERVICES, INC.



Principal Place of Business
**926 GREAT POND DR.
 STE. 2004
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**926 GREAT POND DR.
 STE. 2004
 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
02/04/1997

4. FEI Number
59-3424428

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 owes the current year Intangible Personal Property Tax. Yes 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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KATSON, JAMES T DR.	
STREET ADDRESS	926 GREAT POND DR. STE. 2004	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREENBERG, ANDREW DR.	
STREET ADDRESS	926 GREAT POND DR. STE. 2004	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Katsur, James T. DR	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael McCann	
3.3 STREET ADDRESS	926 Great Pond Drive Suite 2004	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *James T. Katson* **James T. Katson** **3/5/99** **407-788-6533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)