

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 AUG 10 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # K53055

(5)

1. Corporation Name

DENTAL PROSTHETICS OF PLANTATION INC.

Principal Place of Business

4316 W. BROWARD BLVD. #2  
PLANTATION FL 33317

Mailing Address

4316 W. BROWARD BLVD. #2  
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0099894

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

ANTHONY, ALBERT A. JR.  
8241 NW 5Z ST  
LAUDERDALE FL 33351

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 running)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS | CITY - ST - ZIP |
|-------|------------------------|----------------|-----------------|
| D     | ANTHONY, ALBERT A. JR. | 8241 NW 5Z ST  | LAUDERHILL FL   |
| D     | ANTHONY, BERNADETTE M. | 8241 NW 5Z ST  | LAUDERHILL FL   |
|       |                        |                |                 |
|       |                        |                |                 |
|       |                        |                |                 |
|       |                        |                |                 |
|       |                        |                |                 |
|       |                        |                |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 14                  | 15 | 16                              | 17                                |
|---------------------|----|---------------------------------|-----------------------------------|
| 1.1 TITLE           |    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME            |    |                                 |                                   |
| 1.3 STREET ADDRESS  |    |                                 |                                   |
| 1.4 CITY - ST - ZIP |    |                                 |                                   |
| 2.1 TITLE           |    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME            |    |                                 |                                   |
| 2.3 STREET ADDRESS  |    |                                 |                                   |
| 2.4 CITY - ST - ZIP |    |                                 |                                   |
| 3.1 TITLE           |    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME            |    |                                 |                                   |
| 3.3 STREET ADDRESS  |    |                                 |                                   |
| 3.4 CITY - ST - ZIP |    |                                 |                                   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/95 258941-2542