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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J75829 (8)

1. Corporation Name
IMPLANT INNOVATIONS, INC.



Principal Place of Business
3071 CONTINENTAL DR.
WEST PALM BEACH FL 33409

Mailing Address
3071 CONTINENTAL DR.
WEST PALM BEACH FL 33407-3274

3. Date Incorporated or Qualified 05/27/1987
3a. Date of Last Report 03/26/1996

2. Principal Place of Business
21 4555 Riverside Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 4555 Riverside Dr.
Suite, Apt. #, etc.

4. FEI Number 59-2816882
Applied For
Not Applicable

22 City & State
Palm Bch Gardens, FL

27 City & State
Palm Bch Gardens, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 33410 Country USA

29 Zip 33410 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABRIN, EDWARD G.
3071 CONTINENTAL DRIVE
WEST PALM BEACH FL 33407

81 Name SABIN, EDWARD G.
82 Street Address (P.O. Box Number is Not Acceptable) 4555 Riverside Drive
83
84 City Palm Bch Gardens, FL 85 Zip Code 33410

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZZARA, RICHARD	1.2 NAME	
STREET ADDRESS	2611 OLD OKEECHOBEE ROAD	1.3 STREET ADDRESS	4555 Riverside Dr.
CITY-ST-ZIP	W PALM BEACH FL 33409	1.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATY, KEITH	2.2 NAME	
STREET ADDRESS	3071 CONTINENTAL DRIVE	2.3 STREET ADDRESS	4555 Riverside Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIN, EDWARD G	3.2 NAME	
STREET ADDRESS	3071 CONTINENTAL DR.	3.3 STREET ADDRESS	4555 Riverside Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33409	3.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
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	

14. I do 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.

SIGNATURE: *[Signature]* 4-7-97 (561) 776-6706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)