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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039023 (2)

VISCAYA DENTAL LABORATORY, INC.

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CAPE CORAL FL 33990 APPLICATION PROPERTY OF THE INTERS SPACE 2. Principal Place of Business 2. Auding Address 2. Making Address 3. Date Incorporated or Qualified 05/01/1896 4. FEI humber 5. Date Incorporated or Qualified 05/01/1896 2. Principal Place of Business 2. Application of Study Desired	1425 VISCAYA PARKWAY			1425 VI	1425 VISCAYA PARKWAY											
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NORMUS, DEBRA A 1425 VISCAYA PARKWAY CAPE CORAL FL 33990 82 Street Address (P.O. Box Number is Not Acceptable) 83 Bel 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 agent, or both, in the State of Findria. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or home and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AN		9. Name	and Address of Currer	nt Registered	Agent				10.	Name and A	ddress of	New Re	gistered	Agent		
CAPE CORAL FL 33990 B3 B4 City FL B5 Zip Code	ко	RMOS, DEB	RA A				81	Name								
83 84 City FL 85 Zip Code								Street Add	dress (P.	O. Box Numb	ber is Not A	cceptat	ole)			
### Page 1. In Pursuant to the provisions of Sections 607 0502 and 607 1506, Pionida Statutes, the abuve-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Such change was earthcrized by the corporation's board of directors. I hereby accept the exposurement as registered agent, and accept the obligations of Section 607,0505, Florida Statutes. ### Signature typed or princed registered signature at the 7 depretation of Section 607,0505, Florida Statutes. #### Signature typed or princed registered signature at the 7 depretation of Section 607,0505, Florida Statutes. ###################################	[CA	PE CORAL I	FL 33990				83									
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 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 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPS KORMOS, DEBRA A 1.2 NAME STREET ADDRESS CITY-ST-2P TITLE DVT CAPE CORAL FL 33914 1.4 CITY-ST-2P CAPE CORAL FL 33914 2.4 CITY-ST-2P DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE ACHITY-ST-2P CAPE CORAL FL 33914 2.4 CITY-ST-2P TITLE DELETE 4.1 TITLE ACHITY-ST-2P CAPE CORAL FL 33914 3.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 4.1 TITLE ACHITY-ST-2P ACHITY-ST							3									
11. Pursuant to the provisions of Sections 607 (500 and 607 (500 s), Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horiza Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horiza Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607 (505), Florida Statuties. SIGNATURE							84	City		-			FI	85	Zip C	ode
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6.4 CITY-ST-ZIP

14. Thereby 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.

U-0-00