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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M17931

J & D DENTAL LABORATORIES, INC.

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Principal Place	e of Business	Mailing Address					(#II B)#II 14#I	
16244 S. MILITARY TRAIL DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484								
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
•					07/11/1985			
Principal Place of Business 2a. Mailing Address				4. FEI Number	Apı	olied For	l Leg	
21 26		 			59-2563460		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		73
22		City & State			·	•		
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	, ,		
23 Zip	Country	Zip	Country	,	8. This corporation owes the current year		21000	
24	25	29 30	0		Personal Property Tax.	_7	□No	
 	9. Name and Address of Curren				10. Name and Address of New Register	ed Ágent		
0411		*	81	Name	•	• .		
	DARRIAGA, JULIAN 44 SO MILITARY TRL	.**	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	RAY BCH FL 33484	· ·				1.42-12-11-1.(9)	1017-20120	
UELI	NAT BUT PL 33404		83					
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\$ 100 Mark 1	4	2 C07 4500 Fl1- Fl-1-	the show	a named corr	aretion submits this statement for the nurnece	of changing its	rogistored	
11. Pursuant	registered agent, or both, in the State	of Florida. Such change was auth	horized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as reg	registered jistered	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	horized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its opointment as reg	registered gistered	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90015 038 ***150.00