

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90115 009 ***150.00

DOCUMENT # P97000023225

1. Corporation Name
INNOVADENT, INC.

Principal Place of Business
7817 NATIONAL SERVICE ROAD #508
GREENSBORO NC 27409

Mailing Address
7817 NATIONAL SERVICE ROAD #508
GREENSBORO NC 27409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

65-0727192

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1421 S. Jetties Ct.

Suite, Apt. #, etc.

2a. Mailing Address

26 1421 S. Jetties Ct.

Suite, Apt. #, etc.

City & State

23 Mt. Pleasant, SC

Zip

Country

24 29466

25 USA

City & State

28 Mt. Pleasant, SC

Zip

Country

29 29466

30 USA

9. Name and Address of Current Registered Agent

JASLOW, CRAIG A ESQ
9351 FONTAINEBLEAU BLVD.
SUITE B-307
MIAMI FL 33172

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 VTD
NAME LANDRY, DAVID
STREET ADDRESS 7817 NATIONAL SERVICE ROAD #508
CITY-ST-ZIP GREENSBORO NC 27409

TITLE PD
NAME GIBSON, FLOYD M
STREET ADDRESS POST OFFICE BOX 534
CITY-ST-ZIP WRIGHTSVILLE BEACH NC 28482

TITLE VSD
NAME KELTON, DAVID W
STREET ADDRESS 3613 SUMMERFORD DR
CITY-ST-ZIP MARIETTA GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1421 South Jetties Court
Mt. Pleasant, SC 29466

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

David B. Landry

Date

1-16-99

Daytime Phone #

843. 849. 2947

CR2E034 (11/98)

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