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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

RAY	on Name "IS DENTAL LAB., INC.	·	-	 	13141 <b>516</b> 1 <b>916</b> 11 <b>819</b> 11 4	)  <b>                                   </b>
Principal Plac	e of Business	Mailing Address				
1743 UNIVERSITY BLVD. JACKSONVILLE FL 32216		1743 UNIVERSITY BLVD. JACKSONVILLE FL 32216				
<b>A</b> 6 1 1 6				3. Date Incorporated or Qualified 06/27/1972	3a. Date of La	ast Report 13/1995
_2, Principal P 21	face of Business	2a. Mailing Address		4. FEI Number	<u></u>	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-1401759		Not Applicable
22		27		5. Certificate of Status Desired		3.75 Additional
City & State		City & State		6. Election Campaign Financing		Fee Required 5.00 May Be
Zip	Country	28		Trust Fund Contribution	,	Idded to Fees
24	25	Z <sub>I</sub> p <b>29</b>	Gountry 30	This corporation has liability for Florida Statutes     Yes	intangible tax und	ler s 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R		
ISAAC	FRED C		81 Name	· · · · · · · · · · · · · · · · · · ·		
	ATLANTIC BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	SONVILLE FL 32207		83			
			j l			
14 D			84 City		FI 85	Zip Code
or register	to the provisions of Sections 607,050 ad agent, or both, in the state of Flos	2 and 607.1508, Florida Stati ida. Sud Thange was autho	1 1 - 3	oralion submits this statement for the purp		
or register familiar wit	to the provisions of Sections 607.050 ed agent, or by 1, in the State of Florth, and accept no obligations of, S.C.	? and 607,1508, Florida Stati ida. Sug () thange was autho ibon 607,2 ,05, Florida Statut	1 1 - 3	oralion submits this statement for the purp and of directors. I hereby accept the appo		
or register familiar wit SIGNATURF	Onto 1	- Loan-	utes, the above named corporation's boates.	Q-112		
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (904) Tr. - 2245)