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Feb 14 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 # 525844

(7)

1. Corporation Name  
DENTIPAROUS LAB, INC.



Principal Place of Business  
7300 FOURTH ST. NORTH  
ST. PETERSBURG FL 33702

Mailing Address  
7300 FOURTH ST. NORTH  
ST. PETERSBURG FL 33702-5824

3. Date Incorporated or Qualified 02/15/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1723144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

REYNOLD, MICHAEL J.  
~~6160 IRVING NO~~ 6160 - 115th PL. N.  
~~SEMINOLE FL 33702~~ SEMINOLE, FL 33772

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GAUSE, CURTIS E	
STREET ADDRESS	1601 43RD ST. N UNIT 135	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YEAGER, GRESHAM	
STREET ADDRESS	13300 INDIAN ROCKS ROAD #1704	
CITY - ST - ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REYNOLDS, MICHAEL	
STREET ADDRESS	<del>6160 IRVING NORTH</del> 6160 - 115th PL. N.	
CITY - ST - ZIP	<del>SEMINOLE FL</del> SEMINOLE, FL 33772	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, DONALD	
STREET ADDRESS	968 31ST TERRACE NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLACK, DONALD D.	
1.3 STREET ADDRESS	1974 Iowa Ave. NE	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33702	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAWFORD, THOMAS W.	
2.3 STREET ADDRESS	4132 10TH STREET NE	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33703	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KLOS, JAREMA W.	
3.3 STREET ADDRESS	7340 WATERSILK DR.	
3.4 CITY - ST - ZIP	PINELLAS PARK, FL 34666	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Michael J. Reynolds 1-27-97 (813) 524-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)