

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1977</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-1723144</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**REYNOLD, MICHAEL J  
6160 115TH PL. N.  
SEMINOLE FL 33772**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, DONALD D</b>	1.2 NAME	
STREET ADDRESS	<b>1974 IOWA AVE. NE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEAGER, GRESHAM</b>	2.2 NAME	
STREET ADDRESS	<b>13300 INDIAN ROCKS ROAD #1704</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>6160 115TH PLACE N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLOS, JAREMA W</b>	4.2 NAME	
STREET ADDRESS	<b>7340 WATERSILK DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL 34686</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, THOMAS W</b>	5.2 NAME	
STREET ADDRESS	<b>4132 10TH STREET NE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Michael J Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0369420**

CR2E034 (10/97)