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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 539898

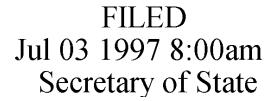
(7)

SHEELY'S DENTAL LAB, INC.

Principal Place of Business

Mailing Address

2020 GILMORE STREET JACKSONVILLE FL \$2204 2020 GILMORE STREET JACKSONVILLE FL 32204-3210





JACKSONVILLE	FL 32204	JACKSONVILLE FL 32204-3210								
						3. Date Incorporated or Qualified 07/25/1977		to of La	st Ropo	rt
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-1779494			Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	D	City & State				Election Campaign Financing Trust Fund Contribution			.00 Ma ded to F	•
Zip	Country	28 Zip	Cou	intry		8. This corporation has liability for in				
24	25	29	30				Yes [IUI S. 10	3.03 <i>E</i> ,
	9. Name and Address of Curre	·	1001	[10. Name and Address of New Reg				
SHE	ELY, RALPH S.			81	Name					
	GILMORE STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptab	(e)	•		
	(SONVILLE FL 32204			83						
				84	Cau			loc l	Zin Coo	10
				04	City		FL	85	Zip Cod	JE
office of r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli Signature, typed or printed name of registered in					tion's board of directors. Thereby accep	t the app	oinlmer	nt as reg	ustered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS I	N 12
TITLE	PTD	DELETE	1.1 Ti	TLF				Cha	nge [Addition
NAME	SHEELY, RALPH S.		1.2 N/	AME						
STREET ADDRESS	9136 FOURTH AVE		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL	T or or	1.4 CI		I-ZIP			П		T
TITLE		DELETE	2.1 TI					L Cha	nge L	Addition
NAME			2.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE	DELETE			TLE	ST-7IP			☐ Cha	nge T	Addition
NAME		*	32 N/						··•- <u> </u>	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3 4. C	ITY - S	ST- ZIP					
TITLE		DELETE	4.1 71	TLE				☐ Cha	nge [Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S1	IRFEI	ADDRESS					
CITY - ST - ZIP					51 - ZIP			T-1		-
TITLE		☐ DELETE	5.1 10					☐ Cha	nge L	_ Addition
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 Cl 6 1 11		ST - ZIP			Cha	пое Г	Addition
NAME		רוֹ הנונונ	63 N					L_J VIII	nge L	
name Street address					ADDRESS					
CITY-ST-ZIP			0.4 U	11-5	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 changes or open attack from the same legal effect as if made under oath; that

CIGNIATUDE.

1.131/97

984-354-100