

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **544618** (2)

1. Corporation Name

UNITED DENTAL MANUFACTURERS, INC.



Principal Place of Business

**2823 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

Mailing Address

**2823 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**RICHARD J. SCHATTIE
2823 N. AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified
09/06/1977

3a. Date of Last Report
02/07/1995

4. FEI Number
59-1829827

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	ZDARSKY, EDWARD	
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	ZDARSKY, CONSTANTIN	
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE	
CITY-STATE-ZIP	W. PALM BEACH FL	
TITLE	VDS	☐ DELETE
NAME	SCHATTIE, RICHARD J.	
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE	
CITY-STATE-ZIP	W. PALM BEACH FL	
TITLE	ZDARSKY, AXEL	☐ DELETE
NAME	2823 N. Australian Avenue	
STREET ADDRESS	West Palm Beach, FL	
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CTD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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. 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:

R. J. Schattie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 **4078452808**
DATE OF FILING

CR2E034 (12/95)