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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 # 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 33407-4524



3. Date Incorporated or Qualified 09/06/1977  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1829827	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent SCHATTIE, RICHARD J 2823 N. AUSTRALIAN AVENUE WEST PALM BEACH FL 33407	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
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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 *R.T. Schattie* R.T. SCHATTIE 2-10-97  
Signature of individual 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 CTD NAME ZDARSKY, EDWARD STREET ADDRESS 2823 N. AUSTRALIAN AVENUE CITY-ST-ZIP WEST PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE PD NAME ZDARSKY, CONSTANTIN STREET ADDRESS 2823 N. AUSTRALIAN AVENUE CITY-ST-ZIP W. PALM BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE VDS NAME SCHATTIE, RICHARD J. STREET ADDRESS 2823 N. AUSTRALIAN AVENUE CITY-ST-ZIP W. PALM BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE V NAME ZDARSKY, AXEL STREET ADDRESS 2823 N. AUSTRALIAN AVENUE CITY-ST-ZIP WEST PALM BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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: *R.T. Schattie* R.T. SCHATTIE 2-10-97 561 845 2808  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)