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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT # 1. Corporation Name

2823 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407

544618

(2)

UNITED DENTAL MANUFACTURERS. INC.

Principal	Place of Business	M

## **FILED** Mar 09 1998 8:00am Secretary of State

Mailing Address	
2823 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407	DO ALOT MIDITE IN THE SPACE
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
	09/06/1977

2. Principal Place of Business		2a	a. Mailing Address			4. FEI Number	Т	Applied For		
n		26	וֹ "				<b>59-1829827</b> Not App			
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				\$8.75 Additional Fee Required			
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
_ 4	Zip	Country 25	29	Zip Country		_	8. This corporation owes or has paid the curren Personal Property Tax due June 30.		ar Intangible	
	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
SCHALLE, RICHARD 3				11	Name					
2823 N. AUSTRALIAN AVENUE WEST PALM BEACH FL 33407				Ē	2	Street Address (P.O. Box Number is Not Acceptable)				
					Ĩ	33				
					1	14	City	El	B5	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 of 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 corporations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Meditalin			3-5-JP		
	Signature type or printed name of registered agent and tille if a	pplicable {NO1E:	Registered Agent signature requi			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	CTD	☐ DELET <b>ë</b>	1.1 TITLE	☐ Change ☐	Addition	
NAME	<b>Z</b> DARSKY, EDWARD		1.2 NAME			
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP			
TITLE	PD	DELETE	2.1 TITLE	☐ Change ☐	Addition	
NAME	ZDARSKY, CONSTANTIN		2.2 NAME			
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY - ST - ZIP			
TITLE	VDS	☐ DELETE	3.1 TITLE	Change	Addition	
NAME	<b>SCHATTIE, RICHARD J.</b>		3.2 NAME		į	
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE		3.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		3.4. CITY-ST-ZIP			
TITLE	V	DELETE	4.1 TITLE	☐ Change ☐	Addition	
NAME	<b>Z</b> DARSKY, AXEL		4. 2 NAME			
STREET ADDRESS	2823 N. AUSTRALIAN AVENUE		4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change ☐	Addition	
NAME			5.2 NAME			
STREET ADDRESS	· •		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐	Addition	
NAME			6.2 NAME	·	i	
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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 of 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 from an insurance of the corporation of 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 from an insurance of the corporation o