SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

171

| G. CLELLAND DENTAL LAB., INC.  |  |   |  |  |   |                         |  |  |
|--|--|---|--|--|---|-------------------------|--|--|
| incipal Piace of   | Business   | Mailing Address   |  |  |   | <b>3</b>                | 1841 BIBH BII  | DIA BIOAR ADDR   |
| 2800 E. COMMERCIAL BLVD 2800 E. COMMER<br>FORT LAUDERDALE FL 33308 FORT LAUDERDA   |  |   |  |  |   |                         |  |  |
|  |  |   |  |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report |  |  |
|  |  |   |  |  | 12/05/1978  |                         | 20/,1995   | Applied For  |
| Principal Plac   | e of Business  | 2a, Mailing Address   |  |  | 4. FEI Number   |                         | <b>⊢⊢</b>  | √ot Applicable   |
|  |  | 26  |  |  | 59-1875524  |                         |  | Additional   |
| Suite, Apt. #,   | etc.   | Suite, Apt. #, etc.   |  |  | 5. Certificate of Status Desired  |                         |  | Required   |
|  |  | City & State  |  |  | 6. Election Campaign Financing  |                         | \$5.0  | May Be   |
| City & State   |  | 28  |  |  | Trust Fund Contribution   |                         | Adde   | d to Fees  |
| <u></u>  | Country  | Zip   | Country  |  | a. This corporation has liability to  | r intangib <u>le t</u>  | tax under  | s 199 032.   |
| Zip  | 25   | 29  | 30   |  | Florida Statutes  | Yes                     | No   |  |
| L  | g. Name and Address of Curre   |   |  |  | 10. Name and Address of New R   | Registered A            | gent   |  |
|  |  |   | 81   | Name   |   |                         |  |  |
|  | LAND, GORDON   |   | 82 Street Ad   |  | dress (P.O. Box Number is Not Acceptable)   |                         |  |  |
| 2801 N.E. 59TH STREET  |  |   |  |  |   |                         |  |  |
| FOR  | LAUDERDALE FL 33308  |   | 83   |  |   |                         |  |  |
|  |  |   | 84   | City   |   | FL                      | 85 Z   | p Code   |
|  |  |   |  | 1  | poration submits this statement for the<br>ion's board of directors. Thereby acco |                         |  | The state of   |
| agent. I am  | familiar with and accept the oblig   | gations of, Section 607.0505, F   | lorida Statute   | s  | un a when na shirea)  | DAIL                    | . ,  |  |
| agent. I am  | istered agent, or rout, mee stack<br>familiar with and accept the oblig<br>grante type for producer of the modal<br>OFFICERS A   | gations of, Section 607,0505, F<br>green and the diagraphic (II)<br>ND DIRECTORS          | lorida Statuter  O't: Bogovered As  13.  | S<br>gentl sign at are region  |   | DAIL                    | . ,  | ORS IN 12  |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR