

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 679913 (4)
1. Corporation Name
GELAS DENTAL LABORATORY, INC.

Principal Place of Business Mailing Address
**4551 S. HOPKINS AVE.
TITUSVILLE FL 32780-6659** **4551 S. HOPKINS AVE.
TITUSVILLE FL 32780-6659**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1980	3a. Date of Last Report 01/31/1994
21	26			4. FEI Number 59-2009054	Applied For Not Applicable
22 Suite, Apt #, etc		27 Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GELAS, HELENE
4551 S. HOPKINS AVE.
TITUSVILLE FL 32780**

10. Name and Address of Now Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature must be printed name of registered agent and filed in signature) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY, ST, ZIP	4. CITY, ST, ZIP		
TITLE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY, ST, ZIP	24. CITY, ST, ZIP		
TITLE	31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	32. NAME		
STREET ADDRESS	33. STREET ADDRESS		
CITY, ST, ZIP	34. CITY, ST, ZIP		
TITLE	41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	42. NAME		
STREET ADDRESS	43. STREET ADDRESS		
CITY, ST, ZIP	44. CITY, ST, ZIP		
TITLE	51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY, ST, ZIP	54. CITY, ST, ZIP		
TITLE	61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	62. NAME		
STREET ADDRESS	63. STREET ADDRESS		
CITY, ST, ZIP	64. CITY, ST, 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 110.02(3)(b), Florida Statutes. I further certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE: *Helene Gelas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-95
407-269-0876