

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F53694**

1. Corporation Name

FOSTER DENTAL LAB INC.

(8)

Principal Place of Business

943 CESERY BLVD.
JACKSONVILLE FL 32211
US

Mailing Address

943 CESERY BLVD.
JACKSONVILLE FL 32211
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

FILED
Apr 24 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1981

4. FEI Number

59-2134904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution

Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FOSTER, MIKEL
943 CESERY BLVD.
JACKSONVILLE FL 32211**

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

1-13-98

SIGNATURE

Mikel Foster

Signature, typed 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	DP	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MIKEL		12. NAME	
STREET ADDRESS	943 CESERY BLVD.		13. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000		14. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2. NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2. NAME	
STREET ADDRESS			4.3. STREET ADDRESS	
CITY - ST - ZIP			4.4. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2. NAME	
STREET ADDRESS			5.3. STREET ADDRESS	
CITY - ST - ZIP			5.4. CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2. NAME	
STREET ADDRESS			6.3. STREET ADDRESS	
CITY - ST - ZIP			6.4. CITY - ST - ZIP	

14. I 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:

Mikel Foster

1-13-98

744-8060

CR2E034 (10/97)