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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serving the Citizens
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:23

DOCUMENT # F93000004560 (9)

1. Corporation Name

ASSOCIATION DENTAL PLAN, INC.

Principal Place of Business

Mailing Address

2121 PRECINCT LINE RD.
HURST TX 76054

2121 PRECINCT LINE RD.
HURST TX 76054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
02/01/1994

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

4. FEI Number
52-1781037

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and the date

(Print Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD -
NAME	WONG, NELSON DR.
STREET ADDRESS	2101 MIDWAY RD. #250
CITY - ST - ZIP	CARROLLTON TX 75006
TITLE	VCD -
NAME	ENZEL, HERMAN
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD. #511
CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	D
NAME	KORGER, BARRY X
STREET ADDRESS	5215 NORTH OXGONNOR #902 X
CITY - ST - ZIP	IRVING TX 75038
TITLE	Dx
NAME	SHERMAN, BRUCE DR.
STREET ADDRESS	1000 EXHIBITION AVE X TOWER #7TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10174 X
TITLE	P
NAME	SHARPE, FRED L DR.
STREET ADDRESS	2121 PRECINCT LINE RD.
CITY - ST - ZIP	HURST TX 76054
TITLE	V
NAME	JENSEN, JEFFREY
STREET ADDRESS	2121 PRECINCT LINE RD.
CITY - ST - ZIP	HURST TX 76054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Gary Friedman
3. STREET ADDRESS	2121 Precinct Line Road
4. CITY - ST - ZIP	Hurst, TX 76054
21. TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Cymun Horner
23. STREET ADDRESS	2121 Precinct Line Road
24. CITY - ST - ZIP	Hurst, TX 76054
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 110.07(9)(b), 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 in an officer's report with an address.

SIGNATURE:

Fred L. Sharpe

Fred Sharpe

1/25/95

(817) 428-4438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR