


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

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G43429 (1) 1. Corporation Name CENTRAL FLORIDA DENTAL LABORATORY, INC.			
Principal Place of Business 1180 SPRING CENTER S BLVD. STE 221 ALTAMONTE SPRINGS FL 32714		Mailing Address 1180 SPRING CENTER S BLVD. STE 221 ALTAMONTE SPRINGS FL 32714-1955	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent MEINER, SAM 18 WALL STREET ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name SALTZER, ROBERT L. 82 Street Address (P.O. Box Number is Not Acceptable) 111 STONE POST ROAD 83 84 City LONGWOOD FL 85 Zip Code 32779	
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 <i>Robert L. Saltzer</i> Robert L. Saltzer (President) DATE 3-14-97 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME SALTZER, ROBERT LOUIS STREET ADDRESS 111 STONE POST ROAD CITY-STATE-ZIP LONGWOOD FL TITLE D <input type="checkbox"/> DELETE NAME SALTZER, JULIA S. STREET ADDRESS 111 STONE POST ROAD CITY-STATE-ZIP LONGWOOD FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ZIP 32779 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ZIP 32779 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

14. I do 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: *Julie S. Saltzer* **(JULIE S. SALTZER) +** DATE **(407) 862-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)