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► PROFIT CORPORATION ANNUAL REPORT



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

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KEYS	DENTAL LAB, II	NC.								
rinopal Place	of Business		Mail	ing Address						HER BINN DINN AF
2007 FLAGER AVE. KEY WEST FL 33040			2007 FLAGER AVE. KEY WEST FL 33040							
							3. Date Incorporated or Qualifi 08/09/1983	ed 3a. Da	te of Last I 02/24/	
Principal Pla	ace of Business		2a.	Mailing Address			4, FEI Number 59-2320013			Applied For Not Applicable
Suite, Apt. 4	#, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	· □		5 Additional
City & State			City & State		···		Election Campaign Financing Trust Fund Contribution			\$5.00 May Be
l Zp]	Countr 25	у		Zip	Gountry 30		Trust Fund Contribution 8. This corporation has liability Florida Statutes			ed to Fees s 199.032,
L	9. Name and Addre	ess of Curre		red Agent			10. Name and Address of Ne		Agent	
SAWYER, GROVER 2007 FLAGER AVE. KEY WEST FL 33040				83	Name Street Addr	idress (P.O. Box Number is Not Acceptable)				
Pursuant to	o the provisions of Section	ons 607.0502	2 and 607.	1508, Florida Stat		•	ration submits this statement for the	purpose of ch	Lhanging its	registered offic
IGNATURE _	Signature, typed or printed name	of registered agent	t and this if app	licable (utes, the above na rized by the corpores.	amed corpor oration's boar		DATE		
IGNATURE .	Signature, typed or printed name	ations of, Seci	t and this if app	licable (ules, the above narized by the corpores. NOTE Registered Agent.	amed corpor oration's boar		DATE OFFICERS AN	D DIRECT	ORS IN 12
IGNATURE	Signatine, typed or printed name C PD SAWYER, GROV	of registered agent DEFICERS AN	t and this if app	licable (utes, the above na rized by the corpores.	amed corpor oration's boar	d when remaining)	DATE OFFICERS AN		
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SIGNATURE: Jose J. Sauge & Capper 11. Sange It 4-17-96 305-294-2980
Date Printed NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Printed NAME OF SIGNING OFFICER OR DIRECTOR