

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G59798** (0)

1. Corporation Name

INTERNATIONAL DENTAL PLANS, INC.

Principal Place of Business

Mailing Address

~~XXXXXX~~

~~XXXXXX~~

**2500 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009**

**STE 511
HALLANDALE FL 33009
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/16/1983

3a. Date of Last Report
01/27/1995

4. FEI Number
59-2327793

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **XX**

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

~~GOLDBERG, JOHN D.~~

**2500 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009**

81 Name

STANLEY G. GREENSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)

2500 E. HALLANDALE BEACH BLVD. #511

83

84 City

HALLANDALE

FL

85 Zip Code
33009

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.

Stanley G. Greenstein

SIGNATURE

Vice President/Treasurer

4/25/96

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 **DTS** ☒ DELETE
NAME **GOLDBERG, JOHN D**
STREET ADDRESS **2500 E HALLANDALE BCH**
CITY-ST-ZIP **HALLANDALE, FL 00000**

TITLE **D** ☒ DELETE
NAME **PALLEN, HARVEY S.**
STREET ADDRESS **2500 E. HALLANDALE BCH**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE
NAME **GURLAND, BARRY T.**
STREET ADDRESS **2500 E. HALLANDALE BCH**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE
NAME **RICHARDSON, STANLEY**
STREET ADDRESS **2500 E. HALLANDALE BCH**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **DP** ☐ DELETE
NAME **GREENSTEIN, STANLEY G.**
STREET ADDRESS **2500 E. HALLANDALE BCH.**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **DV** ☒ DELETE
NAME **KUTUN, LOIS L.**
STREET ADDRESS **2500 EAST HALLANDALE BEACH BLVD STE 511**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **FRED L. SHARPE**
1.3 STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD #511**
1.4 CITY-ST-ZIP **HALLANDALE, FL. 33009**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **GARY L. ALEXANDER**
2.3 STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD #511**
2.4 CITY-ST-ZIP **HALLANDALE, FL. 33009**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **ROBERT B. VLACH**
3.3 STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD #511**
3.4 CITY-ST-ZIP **HALLANDALE, FL. 33009**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DVT** ☒ Change ☐ Addition
5.2 NAME **STANLEY G. GREENSTEIN**
5.3 STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD #511**
5.4 CITY-ST-ZIP **HALLANDALE, FL. 33009**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Stanley G. Greenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (800) 741-7711

Date

Day/Time Phone #

CR2E034 (12/95)