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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Solito, Apl. R. etc. Suite, Apl. R. etc. Suite, Apl. R. etc. Suite, Apl. R. etc. State Scan Additional September September	1. Corporation	MENT # G9363 N DENTAL LABORATORY		(8)						(a (l 3 (l () a (3 () 3 () a (3 () a (3 ()	C 2 1 1 1 1 1 1 1 1 1
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S. Date incorporated or Qualified Sa. Date of Last Report O1/30/1898 O1/30/	TAMPA FL 336	04	TAN	IPA FL 33604-6929			¥ .				
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Zip	City & State	9		City & State					П	\$5.00	May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent CRIPPEN, JOHN L. 324 W. HILSBOROUGH TAMPA FL 33804 183 84		Country		Zip	Cou	ntry	·				
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRIPPEN, JOHN L 324 W. HILLS80ROUGH TAMPA FL 33804 84	24	25	29		30						100.000,
TAMPA FL 33804 82 Street Address (P.O. Box Number is Not Acceptable) 83 Pa 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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered segment and the purpose of changing its registered segment and the purpose of change in the purpose of changing its registered segment and the purpose of changing its registered segment and the purpose of change in the purpose of changing its registered segment and the purpose of change in the purpo		9. Name and Address of Curi	ent Registe	ered Agent				10. Name and Address of New R	egistered /	Agent	
TAMPA FL 33604 83 84						81	Name				
B3						82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	
T1. 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 agent. I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PTD OFFICERS AND DIRECTORS TIBLE PTD ORDERED DELETE 13 TIBLE PTD CRIPPEN, JOHN L 324 W. HILLSBOROUGH 13. STREET ADDRESS TAMPA FL TIBLE SD ORDERED DELETE 2 TIBLE SD ORDERED DELETE 31 TIBLE SD ORDERED Addition ORDERED Addition ORDERED SD ORDERED SD ORDERED ORDERED Addition ORDERED SD ORDERED ORDERED SD ORDERED Addition ORDERED ORDERED SD ORDERED	TAN	IPA FL 33604				92					
The 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. Lam familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS IN 12. THE PTD						63					
11. Parsuant to the provisions of Sections 607 602 and 607 1508, Florida Statutes, the above-haned corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature taxed or position hadron of registeric algorithms and accept the obligations of Section 607 0505, Florida Statutes. Inc.						84	City		Fi	85 Zip (Code
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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.

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

FILED

Jan 21 1997 8:00am

Secretary of State