

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:09

DOCUMENT # **H09457 (3)**

1. Corporation Name
TRU-CAST DENTAL PROSTHETICS, INC.

Principal Place of Business
**6750 N. ARMENIA AVENUE
TAMPA FL 33604**

Mailing Address
**3411 N. OLA AVE.
TAMPA FL 33603
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1984

3a. Date of Last Report
08/15/1994

4. FEI Number
59-2442400

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

2. Principal Place of Business
21 **3411 N. OLA AVE.**
Suite, Apt. #, etc.

2a. Mailing Address
26

22 City & State
27 **TAMPA, FL.**

24 Zip
33603

25 Country
Hillsborough

29 Zip
33603

30 Country

9. Name and Address of Current Registered Agent

**SALEM, RICHARD J. ESQ.
101 E KENNEDY BLVD
STE 3200
TAMPA FL 33601**

10. Name and Address of New Registered Agent

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 his or her address)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **APONTE, RAFAEL JR.**
STREET ADDRESS **6750 N. ARMENIA AVENUE 3411 N. OLA AVE.**
CITY, ST, ZIP **TAMPA FL 33603**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **STD**
NAME **APONTE, PATRICIA**
STREET ADDRESS **6750 N. ARMENIA AVENUE 3411 N. OLA AVE.**
CITY, ST, ZIP **TAMPA FL 33603**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change 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 119.07(3)(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 on an attachment with an address.

SIGNATURE: *Patricia A. Aponte* **PATRICIA A. APONTE** 3/23/95 (813) 223-7773