

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H73486** (3)

1. Corporation Name
DENTAL RESOURCES, INC.



Principal Place of Business

SUITE A102
9485 SUNSET DRIVE
MIAMI FL 33173

Mailing Address

SUITE A102
9485 SUNSET DRIVE
MIAMI FL 33173

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

BARBAKOFF, MARC L.
2450 N.E. MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI FL 33180

3. Date Incorporated or Created
08/28/1985

3a. Date of Last Report
01/17/1995

4. FEIN Number
59-2595894

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. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Not Accepted)
83	City
84	Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.0501, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office, 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Not Applicable)

Signature of Registered Agent (Not Applicable)

(Date)

12. OFFICERS AND DIRECTORS

12a	D	ROTHSTEIN, DR. RICHARD	<input type="checkbox"/> DELETE
12b		11600 S.W. 96TH TERRACE	
12c		MIAMI FL	
12d	D	STEINBERG, SEYMOUR	<input type="checkbox"/> DELETE
12e		13220 N. CALUSA CLUB DR	
12f		MIAMI FL	
12g			<input type="checkbox"/> DELETE
12h			
12i			<input type="checkbox"/> DELETE
12j			
12k			<input type="checkbox"/> DELETE
12l			
12m			<input type="checkbox"/> DELETE
12n			
12o			<input type="checkbox"/> DELETE
12p			
12q			<input type="checkbox"/> DELETE
12r			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	11100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b	10500	
13c	13500	
13d	14100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e	21100	
13f	22000	
13g	23500	
13h	24000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13i	31100	
13j	30500	
13k	31500	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13l	41100	
13m	42000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n	43500	
13o	44100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13p	51500	
13q	52000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13r	53500	
13s	54100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13t	61100	
13u	62000	
13v	63500	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13w	64100	
13x	65100	
13y	66000	
13z	67000	
13aa	68000	
13ab	69000	
13ac	70000	
13ad	71000	
13ae	72000	
13af	73000	
13ag	74000	
13ah	75000	
13ai	76000	
13aj	77000	
13ak	78000	
13al	79000	
13am	80000	
13an	81000	
13ao	82000	
13ap	83000	
13aq	84000	
13ar	85000	
13as	86000	
13at	87000	
13au	88000	
13av	89000	
13aw	90000	
13ax	91000	
13ay	92000	
13az	93000	
13ba	94000	
13bb	95000	
13bc	96000	
13bd	97000	
13be	98000	
13bf	99000	
13bg	100000	

14. I, the undersigned, certify that the information supplied with this filing is complete, true and does not contain any false or misleading information. I further certify that the information indicated on this annual report or supplemental annual report is true and has not been falsified and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of this corporation or the registered trustee. Copied from the annual report as reported 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:

Richard Rothstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Rothstein 4/8/96 305-598-3384

CR2E034 (12/95)