

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H91764** (1)

1. Corporation Name

MONARCH ORTHODONTIC LABORATORY, INC.



Principal Place of Business

Mailing Address

%DR ROY K. KING D.D.S.
24 LOXAHATCHEE DR. STE 4
JUPITER FL 33458

%DR ROY K. KING D.D.S.
24 LOXAHATCHEE DR. STE 4
JUPITER FL 33458

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/27/1985

3a. Date of Last Report

03/03/1995

4. FEI Number

59-2010681

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUET, DAWN
6088 ROGER ST
PALM BEACH GARDENS FL 33418

81 Name

Huet, Dawn

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

2798 Biarritz Dr

83

84 City

Palm Beach Garden

FL

85 Zip Code

33410

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 type: 1 for principal place of registered agent and 2 for not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HUET, DAWN
6088 ROGER ST
PALM BEACH GARDENS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
KING, ROY K.
24 LOXAHATCHEE DR, STE 4
JUPITER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

1.1 TITLE

PD
Huet, Dawn

☒ Change ☐ Addition

1.2 NAME

2798 Biarritz Dr.

1.3 STREET ADDRESS

Palm Beach Garden, FL 33458

1.4 CITY-STATE-ZIP

2.1 TITLE

ST

☒ Change ☐ Addition

2.2 NAME

Huet, Dawn

2.3 STREET ADDRESS

2798 Biarritz Dr.

2.4 CITY-STATE-ZIP

Palm Beach Gardens, Fla 33410

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)