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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J14928 (2)
1. Corporation Name
PRECISION CERAMICS DENTAL LABORATORY, INC.



Principal Place of Business Mailing Address
% RONALD STEPHEN SOLANICK
2252 SOUTH BAY ST.
EUSTIS FL 32726 % RONALD STEPHEN SOLANICK
2252 SOUTH BAY ST.
EUSTIS FL 32726-6359

2. Principal Place of Business 2a. Mailing Address
21 927 East Alfred Street 26 927 East Alfred Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tavares, Florida 32778 28 Tavares, Florida 32778
Zip Country Zip Country
24 USA 25 USA 29 USA 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
05/19/1986 04/05/1996
4. FEI Number Applied For
59-2691151 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ 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
SOLANICK, RONALD STEPHEN
2252 S BAY ST
EUSTIS FL 32726
81 Name
82 SOLANICK, RONALD STEPHEN
Street Address (P.O. Box Number is Not Acceptable)
83 927 EAST ALFRED STREET
84 City
TAVARES FL 85 Zip Code
32778

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 Ronald Stephen Solanick, Pres. Ronald Stephen Solanick, Pres. 4/23/97
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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANICK, RONALD STEPHEN	1.2 NAME	
STREET ADDRESS	2252 S. BAY ST.	1.3 STREET ADDRESS	927 E. Alfred Street
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	Tavares, Florida 32778
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANICK, DEBORAH A.	2.2 NAME	
STREET ADDRESS	2252 S. BAY STREET	2.3 STREET ADDRESS	927 E. Alfred Street
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	Tavares, Florida 32778
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE R. Stephen Solanick, President 4/23/97 352-343-6701

CR2E034 (9/96)