FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 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 # **J75829** **(8)**

1. Corporation Name
IMPLANT INNOVATIONS, INC.

Principal Place of Business	Mailing Address
3071 CONTINENTAL DR. WEST PALM BEACH FL 33409	3071 CONTINENTAL DR. WEST PALM BEACH FL 33407-3274

3. Date Incorporated or Qualified: 05/27/1987
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business
21 4555 Riverside Dr.
22 Suite, Apt. #, etc.
23 City & State: Palm Bch Gardens, FL
24 Zip: 33410 25 Country: USA

2a. Mailing Address
26 4555 Riverside Dr.
27 Suite, Apt. #, etc.
28 City & State: Palm Bch Gardens, FL
29 Zip: 33410 30 Country: USA

4. FEI Number: 59-2816882 ☐ 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**
SABRIN, EDWARD G.
3071 CONTINENTAL DRIVE
WEST PALM BEACH FL 33407

10. **Name and Address of New Registered Agent**
81 Name: SABIN, EDWARD G.
82 Street Address (P.O. Box Number is Not Acceptable): 4555 Riverside Drive
83
84 City: Palm Bch Gardens, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZZARA, RICHARD 2811 OLD OKEECHOBEE ROAD W PALM BEACH FL 33409	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4555 Riverside Dr. Palm Bch Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEATY, KEITH 3071 CONTINENTAL DRIVE WEST PALM BEACH FL 33409	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 4555 Riverside Dr. Palm Bch Gardens, FL 3341O
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SABIN, EDWARD G 3071 CONTINENTAL DR. WEST PALM BEACH FL 33409	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 4555 Riverside Dr. Palm Bch Gardens, FL 3341O
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: E. A. Sabin REQUIRED 4-7-97 (561)776-6706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

02999917