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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # **K36540**

(8)

1. Corporation Name
DENTAL CRAFT STUDIO, INC.

DENTAL CHAFT STUDIO, INC.							
Principal Place of Business	Mailing Address						
1308 LORI DR	1309 LORI DR						
SPRING HILL FL 34606	SPRING HILL FL 34606	SPHING HILL PC 34600		Date Incorporated or Qualified	3a. Date o	flact Bo	onort
				10/05/1988		20/199	
Discipal Black of Business	2a. Mailing Address			4. FEI Number	1	1	Applied For
Principal Place of Business Some as above	26 Samo	3		59-2912689			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution		— —	May Be to Fees
Zip Country	28 Zip	Coun	ntry	8. This corporation has liability for	intangible tax	under s	199.032,
4 25	29	30		Florida Statutes Yes 10. Name and Address of New F	No No	nent	
9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New P	segistered A	Join	
		ľ					
DINATALE, FRANCIS J.			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
18901 LANSFORD DR. HUDSON FL 34667		}	83				
1100001112 04007		-	84 City			85 Zq	p Code
11. Pursuant to the provisions of Sections 607.050		1			FL		ensistered office
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	S					
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered ager	CION 607.0505, FIDRICA STATULES		Agent signature require				
or registered agent, or both, in the State or Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or profed name of registered agents. OFFICERS AN	nt and title if applicable. (NO	OTE: Registered	Agent signature require	ed when reinslating!	ICERS AND	DIRECTO	DRS IN 12
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agents. OFFICERS AND DI NATALE, FRANCIS J.	nt and title if applicable. (NO DIRECTORS	13. 1.1 TI	Agent signature require TLE	ed when reinslating!	ICERS AND		
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or profiled name of registered agentic. DI NATALE, FRANCIS J. 18901 LANSFORD DR	nt and title if applicable. (NO DIRECTORS	13. 1.1 Ti 1.2 NA 1.3 ST	Agent signature require TLE MME REET ADDRESS	ed when reinslating!	ICERS AND		
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or puriled name of registered age. OFFICERS AN DI NATALE, FRANCIS J. 18901 LANSFORD DR	n; and trile if applicable. (NC ND DIRECTORS	13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Cf	Agent signature require TLE MME TREET ADDRESS TY-SI-ZIP	ed when reinslating!	FICERS AND		
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agentic. OFFICERS AND INTEREST ADDRESS CITY-SI-ZIP	nt and title if applicable. (NO DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 C(2.1 TI	Agent signature require TLE MME IREET ADDRESS TY-ST-ZIP ITLE	ed when reinslating!	FICERS AND] Change	Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agentials. OFFICERS AND ILLE DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME	n; and trile if applicable. (NC ND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 Cf 2.1 TI 2.2 NA	Agent signature require TLE IME IREET ADDRESS TY-ST-ZIP TITE AME	ed when reinslating!	FICERS AND] Change	Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or prefed name of registered ager 12. OFFICERS AN DILLE DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	n; and trile if applicable. (NC ND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 EI 1.4 CI 2.1 TI 2.2 NA 2.3 SI	Agent signature require TLE MME IREET ADDRESS TY-ST-ZIP ITLE	ed when reinslating!	FICERS AND	Change	Addition
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered ager 12. OFFICERS AN DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL 11TLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	n; and trile if applicable. (NC ND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 EI 1.4 CI 2.1 TI 2.2 NA 2.3 SI	Agent signature require TLE IMME IREET ADDRESS TY-ST-ZIP TILE AME FREET ADDRESS ITY-ST-ZIP	ed when reinslating!	FICERS AND] Change	Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agential process of the printed name of registered agential process. AN DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE	nv. and tide if applicable. (NO DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 CF	Agent signature require TLE MME REET ADDRESS TY-ST-ZIP TILE AME PREET ADDRESS ITY-ST-ZIP ITLE	ed when reinslating!	FICERS AND	Change	Addition
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Sec SIGNATURE	nv. and tide if applicable. (NO DIRECTORS DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST	Agent signature require TLE MME IREET ADDRESS TY-ST-ZIP TILE MME IREET ADDRESS ITY-ST-ZIP ITTE AME AME STREET ADDRESS	ed when reinslating!	FICERS AND	Change	Addition
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Sec SIGNATURE	nz and title if applicable. (PM ND DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI	Agent signature require TLE MME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP HILE AME STREET ADDRESS ITY-ST-ZIP	ed when reinslating!	C	Change Change	Addition
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agential process of the printed name of registered agential process of the printed name of registered agential printed name of registered name of register	nv. and tide if applicable. (NO DIRECTORS DELETE	DTE: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 Cf 2.1 TI 2.2 NA 2.3 ST 2.4 Cf 3.1 T 3.2 NA 3.3 S 3.4 Cf 4.1 T	Agent signature roquire TLE MME IREET ADDRESS TY-ST-ZIP ITLE MME IREET ADDRESS ITY-ST-ZIP ITLE AME STREET ADDRESS ITY-ST-ZIP ITLE	ed when reinslating!	C	Change	Addition Addition
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agent. D DI NATALE, FRANCIS J. 18901 LANSFORD DR. HUDSON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME	nz and title if applicable. (PM ND DIRECTORS DELETE DELETE	DTE: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 T 3.2 NA 3.3 S 4.4 CI 4.1 T 4.2 NA	Agent signature roquire TLE MME IREET ADDRESS TY-SI-ZIP ITLE MME IREET ADDRESS ITY-SI-ZIP ITLE AME STREET ADDRESS ITY-SI-ZIP ITLE AME STREET ADDRESS ITY-SI-ZIP	ed when reinslating!	C	Change Change	Addition Addition
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agent. IZ. OFFICERS AN DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS	nz and title if applicable. (PM ND DIRECTORS DELETE DELETE	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2.1 TI 2.2 NA 2.3 SI 2.4 Cf 3.1 T 3.2 NA 3.3 S 3.4 Cf 4.1 T 4.2 N 4.3 S	Agent signature require TLE MME REET ADDRESS TY-SI-ZIP TITLE AME REET ADDRESS TY-SI-ZIP TITLE AME STREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP	ed when reinslating!	C.	Change Change Change	Addition Addition Addition
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agent. IZ. OFFICERS AN DILLAR FRANCIS J. INVESTIGATION OF THE STATE	nz and title if applicable. (PM ND DIRECTORS DELETE DELETE	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2.1 TI 2.2 NA 2.3 SI 2.4 Cf 3.1 T 3.2 NA 3.3 S 3.4 Cf 4.1 T 4.2 N 4.3 S	Agent signature roquire TLE MME IREET ADDRESS TY-SI-ZIP ITLE MME IREET ADDRESS ITY-SI-ZIP ITLE AME STREET ADDRESS ITY-SI-ZIP ITLE AME STREET ADDRESS ITY-SI-ZIP ITLE AME ITREET ADDRESS ITY-SI-ZIP	ed when reinslating!	C.	Change Change	Addition Addition Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or prefed name of registered agent. IZ. OFFICERS AN DILLE DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PLAND DIRECTORS DELETE DELETE DELETE	DTE: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST 2.4 CC 3.1 T 3.2 NA 3.3 S 3.4 CC 4.1 T 4.2 N 4.3 S 4.4 CC	Agent signature require TLE MME REET ADDRESS TY-SI-ZIP TITLE AME REET ADDRESS TY-SI-ZIP TITLE AME STREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE TREET ADDRESS TY-SI-ZIP	ed when reinslating!	C.	Change Change Change	Addition Addition Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agen 2. OFFICERS AN D DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME SIREEL ADDRESS CITY-S1-ZIP TITLE NAME	PLAND DIRECTORS DELETE DELETE DELETE	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2 1 TI 2.2 N/ 2.3 SI 2.4 Cf 3 1 T 3.2 N/ 3.3 S 3.4 Cf 4.1 T 4.2 N 4.3 S 4.4 C	Agent signature require TLE MME REET ADDRESS TY-SI-ZIP TITLE AME REET ADDRESS TY-SI-ZIP TITLE AME STREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE TREET ADDRESS TY-SI-ZIP	ed when reinslating!	C.	Change Change Change	Addition Addition Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agen 2. OFFICERS AN DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL ITTLE VAME VAME VAME VAME VAME VAME VAME VAM	DELETE D	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2 1 TI 2.2 NA 2.3 SI 2.4 Cf 3 1 TI 3.2 NA 3.3 S 3.4 Cf 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	Agent signature require TILE MME REET ADDRESS TY-ST-ZIP TITLE MME REET ADDRESS TY-ST-ZIP TITLE AME STREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP	ed when reinslating!	C.	Change Change Change	Addition Addition Addition Addition
or registered agent, or both, in the State or For familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered agent. IZ. OFFICERS AN DILLAR FRANCIS J. INVESTIGATION OF THE STATE	PLAND DIRECTORS DELETE DELETE DELETE	DTE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2 1 TI 2.2 NA 2.3 SI 2.4 CG 3 1 T 3.2 NA 3.3 S 3.4 Cf 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	Agent signature require TILE MME REET ADDRESS TY-ST-ZIP TITLE MME RREET ADDRESS TY-ST-ZIP TITLE AME STREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TREET ADDRESS	ed when reinslating!	C.	Change Change Change	Addition Addition Addition Addition
or registered agent, or both, in the State of Flor farmiliar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered ager 12. OFFICERS AN DILLE DI NATALE, FRANCIS J. 18901 LANSFORD DR HUDSON FL TITLE NAME STREET ADDRESS CITY-S1-ZIP	DELETE D	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 C/ 2 1 TI 2.2 NA 2.3 SI 2.4 C/ 3 1 TI 3.2 NA 3.3 S 3.4 C/ 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	Agent signature require TILE MME REET ADDRESS TY-SI-ZIP TITLE MME RREET ADDRESS ITY-SI-ZIP TITLE AME SIREET ADDRESS AMY-SI-ZIP TITLE SIREET ADDRESS AMTY-SI-ZIP TITLE SIREET ADDRESS AMTY-SI-ZIP TITLE SIREET ADDRESS AMTY-SI-ZIP TITLE SIREET ADDRESS AME SIREET AD	ed when reinslating!	C.	Change Change Change	Addition Addition Addition Addition
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered ager 12. OFFICERS AN INTERPRETATION OFFICERS OF INTERPRETATION OFFICERS OF INTERPRETATION OF INT	DELETE D	DIE: Registered 13. 1.1 TI 1.2 NA 1.3 SI 1.4 Cf 2.1 TI 2.2 NA 2.3 SI 2.4 Cl 3.1 T 3.2 NA 3.3 S 3.4 Cl 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	Agent signature require TILE MME REET ADDRESS TY-ST-ZIP TITLE MME RREET ADDRESS ITY-ST-ZIP HITLE AME STREET ADDRESS ATY-ST-ZIP HITLE IAME STREET ADDRESS ATY-ST-ZIP HITLE IAME STREET ADDRESS ATY-ST-ZIP TITLE	ed when reinslating!	C.	Change Change Change	Addition Addition Addition Addition

4-23-96 683-5872
Date Daytone Phone #