## 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

DENTAL PROSTHETICS OF PLANTATION INC.  Frincipal Place of Business Mailing Address  4316 W. BROWARD BLVD. #2 PLANTATION FL 33317  Mailing Address  4316 W. BROWARD BLVD. #2 PLANTATION FL 33317							
				3. Date Incorporated or Qualified 12/22/1988		of Last Report /10/1995	
Principa! Pr	ace of Business	2a. Mailing Address		4. FET Number		Applied Fo	
Suite, Apt.	# etc	26		65-0099894		Not Applie	
]	π, εισ.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Addition Fee Required	al
City & State	,	City & State		Flection Campaign Financing     Trust Fund Contribution		\$5.00 May B	
Zip	Country	Zip	Country	8. This corporation has liability for		Added to Fees	
L	25	29	30	Florida Statutes (1) Yes	s ∐No		
	9. Name and Address of Current	Registered Agent	- B1 Name	10. Name and Address of New I	Registered Ag	gent	
8241 N	ny, albert A. Jr. W 5z st RDALE FL 33351		82 Street Add 83 84 City	ress (P.O. Box Number is Not Accepta	· · · · · · · · · · · · · · · · · · ·	<b>85</b>	
familiar wi	th, and accept the obligations of, Section	ı. Such change was author	ized by the coroo-ation's boa	oration submits this statement for the pu and of directors. Thereby accept the app	pointment as re	gistered agent. La	offici im
familiar wi	Signature, bytes or printed name of registeric agreet an OFFICE RIS AND D  ANTHONY, ALBERT A. JR.	i. Silon change was author n 607.0505, Florida Statute idittik ifapicale	ized by the corporation's boars.  Obt Registed Against Against a sequential of the corporation of the corpor	and of airectors. Thereby accept the app	DATE DEFRS AND DI	gistered agent. I a	
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SIGNATURE: SIANMORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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