## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K82734

1. Corporation Name

CITY-ST-ZIP

TRIPLE CROWN DENTAL LAB, INC.

Principal Place	of Business	Mailing Address						,,,, 0,,,,, 0,0,,, 0,	
1 DAVIS BLVD.		1 DAVIS BLVD.							
103B		103B							
TAMPA FL 3360	<b>16</b>	TAMPA FL 33606			ļ	DO NOT WRI	TE IN THIS	SPACE	
US		US			İ	3. Date Incorporated or Qualifed			
						05/01/1989			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
21	·	26				59-2946938		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- Contiferate of Status Desired		\$8.75 A	dditional
22		27			Į.	5. Certifcate of Status Desired	<u> </u>	Fee Red	uired
City & State	<del></del>	City & State			_	6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to		
Zip	ip Country Zip		Country			8. This corporation owes the curr	ent vear Inta	angible	
24	25	29 3	<u></u>			Personal Property Tax.	<b>,</b>		□No
24	9 Name and Address of Current		- T			10. Name and Address of New F	Registered /	Agent	
	9. 100110 0110 7001000 01		81	l Na	ame	10.		·	
Fernandez, Arthur D.									
	VIS BLVD.		82	St	treet Addres	ss (P.O. Box Number is Not Accepta	able)		
			-	+					
SUITE 103-B			83	<b>'</b>					ì
IAWI	PA FL 33606		84	Ci	itv	<del></del>		85 Zip C	ode
•					•	•	F <u>L</u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	/e-nai	med corpor	ation submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth ons of Section 607 0505, Florid	horized by la Statute:	/the (	corporation	's board of directors. I hereby accep	pt the appoir	nment as reg	istered
	III Iaililliai Willi, dila accept die congalic								]
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Age	ent sign:	nature required w	then reinstating)	DATE	<del></del>	
12.	OFFICERS AND		13.	·		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME .	FERNANDEZ, ARTHUR D.		1.2 NAME						l
	1 DAVIS BLVD., SUITE 103-B		1.3 STREE		DEGE				
STREET ADDRESS			1						
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5	ST-ZIP				Change	Addition
TITLE	VP	☐ DELETE	2.1 TITLE					Change	
NAME	LIPMAN, CURTIS A.		THE A COLUMN		1				
STREET ADDRESS	-1 DAVIS BLVD., SUITE 103-B		2.2 NAME		1				Ì
CITY-ST-ZIP		2	2.3 STREE		RESS .	and the second second	2 - 7	ć	
	TAMPA FL	: <del></del>		ET ADDI	- 1		2 7	ė	,
TITLE		:~ · ·	2.3 STREE	ET ADDI	- 1		2 7	Change	Addition
TITLE NAME		□ DELETE	2.3 STREE 2. 4 CITY-	ST-ZIP	- 1		2 ~	Change	☐ Addition
NAME		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE	ST-ZIP	<b>.</b>	*_ *_ ±_ ±_	2 ~	☐ Change	☐ Addition
NAME STREET ADDRESS		□ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP	RESS		2 -	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP  ET ADDI  ST-ZIP	RESS	· . · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE	ST-ZIP  ET ADDI  ST-ZIP	RESS	- Ty		, <b>.</b>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ST-ZIP  ET ADDI  ST-ZIP	PIRESS	- * * ± ±		, <b>.</b>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP  ET ADDI  ST-ZIP	RESS	- Tu		, <b>.</b>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 3	ST-ZIP  ET ADDI  ST-ZIP	RESS	- * * ± ± ±	3.0	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	ET ADDI ST-ZIP  ET ADDI ST-ZIP  ET ADDI ST-ZIP	RESS			, <b>.</b>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDI ST-ZIP ST-ZIP ET ADDI ST-ZIP	RESS		3.7	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDI ST-ZIP  ET ADDI ST-ZIP  ET ADDI ST-ZIP	RESS	- Tu		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 CITY- 5.6 CITY- 5.7 STREE 5.7 STRE	ST-ZIP  ET ADDI  ST-ZIP  ET ADDI  ST-ZIP  ET ADDI  ST-ZIP  ET ADDI  ST-ZIP	RESS	- Tu		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	ET ADDI ST-ZIP ET ADDI ET ADDI ET ADDI ET ADDI ST-ZIP	RESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTED TO THE TREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 CITY- 5.6 CITY- 5.7 STREE 5.7 STRE	ET ADDI ST-ZIP ET ADDI ET ADDI ET ADDI ET ADDI ST-ZIP	RESS			☐ Change	☐ Addition

14. I 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 of suppliemental aryual 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 an attackment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90201 011 \*\*\*150.00