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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K87253** **(6)**

1. Corporation Name
SIGLER DENTAL CERAMICS, INC.

Principal Place of Business	Mailing Address
311 WEST INDIANTOWN ROAD #5 JUPITER FL 33458	311 WEST INDIANTOWN ROAD #5 JUPITER FL 33458-3536

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1989	05/21/1996

2. Principal Place of Business	2a. Mailing Address
21 801 MAPLEWOOD DR	26 801 MAPLEWOOD DR.
Suite, Apt. #, etc. 22 SUITE #1	Suite, Apt. #, etc. 27 SUITE #1
City & State 23 JUPITER, FL.	City & State 28 JUPITER, FL
Zip / Country 24 33458 / 25 P.B.	Zip / Country 29 33458 / 30 P.B.

4. FEI Number **65-0126000** ☐ 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	10. Name and Address of New Registered Agent
SIGLER, JOHN V. 311 WEST INDIANTOWN ROAD #6 JUPITER FL 33458	81 Name SIGLER, JOHN V. 82 Street Address (P.O. Box Number is Not Acceptable) 801 MAPLEWOOD DR. 83 SUITE #1 84 City JUPITER FL 85 Zip Code 33458

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIGLER, JOHN V.	1.2 NAME	
STREET ADDRESS	18806 OSPREY WAY N	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VSTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIGLER, MARIA V.	2.2 NAME	
STREET ADDRESS	18806 OAPREY WAY N	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: J. V. Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-575-2196
Daytime Phone #

0326922