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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K87253

(6)

SIGLER DENTAL CERAMICS, INC.

| FILED |
|--------------------|
| Mar 25 1998 8:00am |
| Secretary of State |
| |

| Principal Place | e of Business | Mailing Address | Mailing Address | | | 4 TODIOTH BUT ABILL HOUSE HOUR BILLS HALL BEEN BUILL BLOCK BILL BYOLK BIBLL | |
|---|--|-----------------------------------|------------------|-------|-----------------|---|--|
| 301 MAPLEW | DOD DR | 801 MAPLEWOOD DR | 801 MAPLEWOOD DR | | | | |
| 1 | 2462 | 1 | 1 | | | DO NOT WRITE IN THIS SPACE | |
| JUPITER FL 3 US | 13438 | US | JUPITER FL 33458 | | | 3. Date Incorporated or Qualified | |
| • | | | | | | 05/10/1989 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | | 65-0126000 Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | 27 | | | 5. Certificate of status Desired | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | |
| Z ip | Zip Country Zip | | Country | | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 29 30 | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | |
| | RLER, JOHN V. | | | Ľ | rtamo | · · · · · · · · · · · · · · · · · · · | |
| 801 | MAPLEWOOD DR | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| 1 | | | | | | | |
| JU | PITER FL 33458 | | | 83 | | | |
| | | | | 84 | City | FL 85 Žip Code | |
| 11 Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508. Florida Statu | ites, the a | boye | e-named c | ornoration submits this statement for the nurpose of changing its registered | |
| 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. | | | | | | | |
| _ | in lamiliai with, and accept the ob- | igations of, Section 607.0303, I | iorida Sia | 10162 | . | | |
| SIGNATURE | Signature, lyped or printed name of registered | O(N) eldeoilage it and the froge | TE: Registere | d Age | nt signature re | equired when reinstating) DATE | |
| 12. | OFFICERS A | AND DIFFECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | DELETE | 1.5 (1 | ITLE | | Change Addition | |
| NAME | SIGLER, JOHN V. | | 1.2 N | AME | ļ | | |
| STREET ADDRESS | 18806 OSPREY WAY N | | 1.3 \$ | TREET | ADDRESS | | |
| CITY-ST-ZIP | JUPITER FL | | | ITY-S | T-ZIP | | |
| TITLE | VSTD | DELETE | 2.1 Tr | | | Change Addition | |
| NAME | SIGLER, MARIA V. | | 2.2 N | | * | | |
| STREET ADDRESS | 18806 OAPREY WAY N | | | | ADDRESS | | |
| CITY-ST-ZIP | JUPITER FL | DELETE | _ | | ST-ZIP | Change Addition | |
| TITLE | | L. DELETE | 3.1 T | | | Change Rounion | |
| NAME | | | 3.2 N | | | | |
| STREET ADDRESS | | | | | ADORESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4 C | | 57 - ZIP | Change Addition | |
| NAME | | | | NAME |] | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | | ITY-S | | | |
| TITLE | | DELETE | 5.1 T | | | Change Addition | |
| NAME | | | 5.2 N | | | | |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | |
| CITY-ST-ZIP | | | | ITY-S | | | |
| TITLE | | DELETE | 6.1 T | | | Change Addition | |
| NAME | | | 6.2 N | AME | | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | |
| CITY-ST-ZIP | | | 6.40 | #TY-S | T-ZIP | | |
| | certify that the information supplied | with this filing does not qualify | - | | | in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| 14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this annual report of 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 of the receiver or thestee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for our an affaction of the corporation of the receiver or the corporation of the receiver of the corporation of the receiver of the corporation | | | | | | | |