


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 025 ***150.00

0080568

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K87253

1. Corporation Name

SIGLER DENTAL CERAMICS, INC.



Principal Place of Business

301 MAPLEWOOD DR
1
JUPITER FL 33458
US

Mailing Address

801 MAPLEWOOD DR
1
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

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 owes the current year Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 801 MAPLEWOOD DR

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

26 SAME

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SIGLER, JOHN V.
801 MAPLEWOOD DR
1
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SIGLER, JOHN V.
STREET ADDRESS 18806 OSPREY WAY N
CITY-ST-ZIP JUPITER FL

TITLE VSTD ☐ DELETE

NAME SIGLER, MARIA V.
STREET ADDRESS 18806 OAPREY WAY N
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

18806 OSPREY WAY N

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

6/29/99

5615752196

Date

Daytime Phone #

CR2E034 (5/99)

K87253
593/69-900/6-25

STAR ACCOUNTING CO.
PO BOX 1242
JUPITER, FL 33468-1242
(561) 743-6511
(561) 743-6342 Fax

July 27, 1999

Florida Dept of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Sigler Dental & Ceramics, Inc
Annual Report

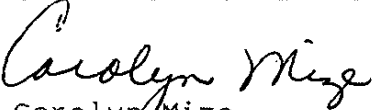
Sirs:

The original annual report was never received and this is the form from the second notice, also requested was a form to fill out stating the first annual report was not received, to date this has still not been received. Therefore, included is the annual report with address corrections noted. Also enclosed is check number 3609 in the amount of, the original filing fee, One hundred and fifty dollars, (\$150.00).

We request this letter in substitution of the form that states the first mailing of annual report was not received.

Sincerely,

STAR ACCOUNTING CO.


Carolyn Mize
Accountant

Enclosure: annual report
check number 3609, for \$150.00