

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

FILED

9 APR 30 PM 3: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # L20274

1. Corporation Name KAST DENTAL LABORATORY, INC.

Principal Place of Business

ALAN J. POLIN 3300 UNIVERSITY DR. SUITE 601 CORAL SPRINGS FL 33065

Mailing Address

ALAN J. POLIN 3300 UNIVERSITY DR. SUITE 601 CORAL SPRINGS FL 33065

2. Principal Place of Business

21 7364 West Atlantic Blvd.

Suite, Apt. #, etc.

22

City & State

23 Margate, Florida

24 33321 25 U.S.A.

2a. Mailing Address

26 7364 W. Atlantic Blvd.

Suite, Apt. #, etc.

27

City & State

28 Margate, Florida

29 33321 30 U.S.A.

9. Name and Address of Current Registered Agent

POLIN, ALAN J. 3300 UNIVERSITY DRIVE SUITE 601 CORAL SPRINGS FL 33065

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 KAST, ROBERT I. STREET ADDRESS 1480 NW 111 AVE CITY-ST-ZIP CORAL SPRINGS FL

TITLE DST [] DELETE

NAME KAST, BEVERLY STREET ADDRESS 1480 NW 111 AVE CITY-ST-ZIP CORAL SPRINGS 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

[] Change [] Addition

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

000002867930--6 -05/07/99--01123--001 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

(954) 974-1948