

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 # **L20274**
1. Corporation Name
KAST DENTAL LABORATORY, INC.

FILED
S9 APR 30 PM 3: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
ALAN J. POLIN **ALAN J. POLIN**
3300 UNIVERSITY DR. SUITE 601 **3300 UNIVERSITY DR. SUITE 601**
CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065**

2. Principal Place of Business 2a. Mailing Address
21 7364 West Atlantic Blvd. **26 7364 W. Atlantic Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Margate, Florida **28 Margate, Florida**
 Zip Country Zip Country
24 33321 **25 U.S.A.** **29 33321** **30 U.S.A.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1989

4. FEI Number **65-0160554** 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 Tax Yes No

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

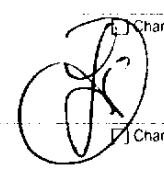
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAST, ROBERT I.	
STREET ADDRESS	1480 NW 111 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KAST, BEVERLY	
STREET ADDRESS	1480 NW 111 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

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

Change Addition



Change Addition

Change Addition

Change Addition

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)(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