

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Sep 22 1998 8:00am  
 Secretary of State

0073988

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L59892 (4)**

1. Corporation Name  
**ZINN DENTAL LAB, INC.**



Principal Place of Business <b>440 S. FEDERAL HWY #115                  SUITE E-2                  DEERFIELD BEACH FL 33441</b>	Mailing Address <b>440 S. FEDERAL HWY #115                  SUITE E-2                  DEERFIELD BEACH FL 33441</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>03/20/1990</b>	4. FEI Number <b>65-0018889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ZINN, RICHARD**  
**440 S. FEDERAL HWY.**  
**SUITE E-2**  
**DEERFIELD BEACH FL 33441**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZINN, RICHARD	
STREET ADDRESS	440 S. FEDERAL HWY.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \*\*\*150.00

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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: John R. Zinn 9-10-98 984-421-6712

CR2E034 (5/98)

2062

August 10, 1998

John R. Zinn  
440 S. Federal Highway #115  
Suite E-2  
Deerfield Beach, FL 33441  
(954) 421-6762

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report Filing  
P. O. Box 1500  
Tallahassee, FL 32302

Re: Annual Report Filing for: **ZINN DENTAL LAB, INC.**  
FEI #65-0018889

Dear Sir or Madam:

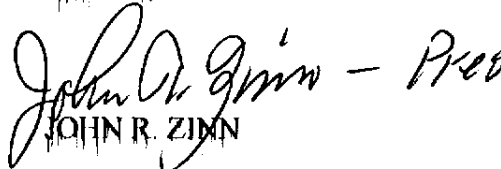
This will confirm my telephone conversation with you this date, wherein you advised that you would accept \$150.00 to reinstate my corporation, **Zinn Dental Lab, Inc.** and would excuse me from paying any penalties and late fees.

You said you needed an explanation in writing as to why the annual report was not timely filed.

I suffered heart failure in November 1997, and was hospitalized for over a month, through and including January 1998. During that time, I underwent surgery for a pacemaker and an internal defibrillator. It wasn't until I received your recent notice that I realized I hadn't taken care of the matter.

Thank you for your cooperation and consideration. If you need any additional information, please do not hesitate to call me at my business telephone number listed above.

Sincerely,

 - Pres  
JOHN R. ZINN

enclosure