

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L59892** (4)
1. Corporation Name
ZINN DENTAL LAB, INC.

Principal Place of Business 440 S. FEDERAL HWY #115 SUITE E-2 DEERFIELD BEACH FL 33441	Mailing Address 440 S. FEDERAL HWY #115 SUITE E-2 DEERFIELD BEACH FL 33441
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/20/1990
24		25		4. FEI Number 65-0018889 Applied For <input type="checkbox"/> Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINN, RICHARD	1.2 NAME	
STREET ADDRESS	440 S. FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **John R. Zinn**

9-10-98 954-421-6712

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:

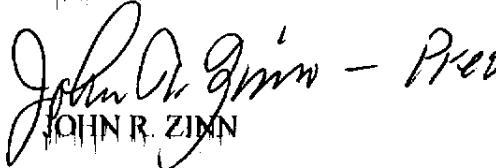
This will confirm my telephone conversation with you this date, wherein you advised that you would accept \$150.00 to reinstate my corporation, **Zinn Dental Lab, Inc.** and would excuse me from paying any penalties and late fees.

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