

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M80518 (7)

1. Corporation Name
PROSTHETIC ARTS LABORATORY, INC.



Principal Place of Business: **3101 NORTH FEDERAL HIGHWAY SUITE 501 FORT LAUDERDALE FL 33306 US**
Mailing Address: **C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHWEST 17th STREET, 39 3101 NORTH FEDERAL HIGHWAY SUITE 501 FORT LAUDERDALE FL 33306 33316-7735 US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: **05/05/1988**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0053610**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, JOHN C
3101 NORTH FEDERAL HIGHWAY
SUITE 501
FT LAUDERDALE FL 33306**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: **DPST** DELETE
NAME: **STONE, JOHN C., D.D.S.**
STREET ADDRESS: **3101 NORTH FEDERAL HIGHWAY SUITE 501**
CITY- ST- ZIP: **FT LAUDERDALE FL 33306**

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: **DPST** Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: **3101 North FEDERAL HIGHWAY SUITE 501**
1.4 CITY- ST- ZIP: **FORT LAUDERDALE, FL 33306**

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY- ST- ZIP: _____

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: **02/12/96** Day/Time Phone #: **954-522-2222**

CR2E034 (12/95)