

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M89506 (3)

1. Corporation Name
LARRY'S DENTAL LAB, INC.



Principal Place of Business: **100 W HOLLY DR ORANGE CITY FL 32763**
Mailing Address: **100 W HOLLY DR ORANGE CITY FL 32763**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	07/05/1988		04/13/1995
4.	FET Number	Applied For	Not Applicable
	59-2903084	<input type="checkbox"/>	<input type="checkbox"/>
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 194.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SAUFL, LARRY P.
100 WEST HOLLY DRIVE
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name: **LARRY SAUFL**
82 Street Address (P.O. Box Number is Not Acceptable): **100 W. Holly DR**
83 City: **Orange City** FL 85 Zip Code: **32763**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	PS SAUFL, LARRY P. 100 W. HOLLY DRIVE ORANGE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	VPT SAUFL, LISA F. 100 W. HOLLY DR. ORANGE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is true and correct, and that the information included on this filing is true and correct. I further certify that the information included on this filing is true and correct, 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 officer or business prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the general or an appointment with an affidavit.

SIGNATURE: *Larry P. Sauff* Pres. 4/8/96 904-774-0664

CR2E034 (12/95)