

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P23631**

(5)

1. Corporation Name

**DARBY DENTAL SUPPLY CO., INC.**

Principal Place of Business

**3690 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064  
US**

Mailing Address

**865 MERRICK AVENUE  
WESTBURY NY 11590  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/29/1989**

4. FEI Number

**11-2266492**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81** Name *The Prentice Hall Corporation System, Inc.*  
**82** Street Address (P.O. Box Number is Not Acceptable)  
*110 North Magnolia Street*  
**83** *Tallahassee* **FL** *32301*  
**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

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHKIN, MICHAEL</b>	
STREET ADDRESS	<b>865 MERRICK AVENUE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPUTO, MICHAEL</b>	
STREET ADDRESS	<b>865 MERRICK AVENUE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHKIN, LAURA</b>	
STREET ADDRESS	<b>865 MERRICK AVE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHKIN, SHELIA</b>	
STREET ADDRESS	<b>865 MERRICK AVE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>SORACI, JUSTINA</b>	
STREET ADDRESS	<b>865 MERRICK AVENUE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHKIN, CARL</b>	
STREET ADDRESS	<b>865 MERRICK AVENUE</b>	
CITY-STATE-ZIP	<b>WESTBURY NY</b>	

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

*Michael Ashkin, Secretary of State*

CR2E034 (5/98)