## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000017634 (5)

KERAMIEK DENTAL LABORATORY INCORPORATED

Principal Place of Business Mailing Address 1435 HOWELL BRANCH RD 1435 HOWELL BRANCH RD STE E# WINTER PARK FL 32789 WINTER PARK FL 32789-1157 3a. Date of Last Report 3. Date Incorporated or Qualified 03/04/1993 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3551 W. LAKEMARY BUD SAME 59-3167369 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 516 208 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be LAKE MARY **Trust Fund Contribution** 23 28 Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, U.S.A Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VIVIER, LINCOLN LIONEL HAMILTON 1435 HOWELL BRANCH RD Street Address (P.O. Box Number is Not Acceptable 82 W. LAXE MARY BU STE E 83 WINTER PARK FL 32789 City LAILE MARY Zip Code **3**2746 84 of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, it the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the pr office or registeri agent. Lam famil HAMILYON LIDNEL SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. THUE DELETE 1.1 TITLE Change Addition D LIDNEL H. HAMILTON NAMS VIVIER, LINCOLN 1.2 NAME 3551 W. LAKE MARY BUND 1435 HOWELL BRANCH RD STE #E STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY - S1 - ZIP THUE DELETE 2.1 TITLE ☐ Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change THILE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

6.4 City-St-ZiP 14. I do hereby certify that the information symplied 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE 6.2 NAME

SIGNATURE:

appears in Block 12 or Block 13

CHY-ST-ZIP

STREET ADDRESS

CHY-SI-7P

TITLE

attachment with an address

DELETE

Change

Addition

FILED

May 14 1997 8:00am

Secretary of State