

FILE NOW. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28 1998 8:00am
Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P 930000176346**
KERAMIK DENTAL LABORATORY INCORPORATED
1978 CORPORATE SQUARE STE. 104
LONGWOOD, FL. 32750

1998 AR
DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified **03/04/1993** 3a. Date of Last Report **04/29/97**
4. FEI Number **59-3167369** Applied For ☐ Not Applicable

2. Mailing Address	2a. Principle Place of Business	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21 1978 CORPORATE SQUARE	26 SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22 Suite, Apt. #, etc. SUITE 104	27 Suite, Apt. #, etc.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$138.75 Supplemental Fee Not Required
23 City & State LONGWOOD, FL.	28 City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip 32750	29 Country U.S.A.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIONEL HAMILTON

81 Name **LIONEL HAMILTON**
82 Street Address (P.O. Box Number is Not Acceptable) **1978 CORPORATE SQUARE**
83 **SUITE 104**
84 City **LONGWOOD** FL 85 Zip Code **32750** 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 817.0502 and 817.1508, 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 (Required Agent Accepting Appointment)

DATE **4/28/98**

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	LIONEL HAMILTON
1.3 ADDRESS	1978 CORPORATE SQUARE SUITE 104
1.4 CITY-ST-ZIP	LONGWOOD, FL. 32750
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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. I further certify 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 or Chapter 817, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

DATE **APRIL 29, 1998**

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number