SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000030755 (1)**

1. Corporation Name
SCIENCE & ARTS DENTAL LAB, INC.

Principal Place of Business
7511 WINCHESTER DR
TAMPA FL 33615
US

Mailing Address
604 SUGARMILL RD
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified: **04/26/1993**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2018 Society Dr.
Suite, Apt #, etc.
27
City & State
28 Holiday, FL
Zip 29 34691 Country 30 US

4. FEI Number: 59-3194757 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BRAKEFIELD, BILLY A
604 SUGARMILL RD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name: Billy A. Brakefield
82 Street Address (P.O. Box Number is Not Acceptable): 2018 Society Drive
83
84 City: Holiday FL 85 Zip Code: 34691

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: Billy A. Brakefield, Reg. Agent — DATE: 8/5/96
Signature specifically pertaining to the designation of registered agent (or Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CASANAS, SERIFINA I	
STREET ADDRESS	8714 LOIS AVE. N.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DST	☐ DELETE
NAME	CASANAS, HUGO A	
STREET ADDRESS	8714 LOIS AVE. N.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Serafina I. Casanas — Serafina I. Casanas President 8/5/96 — (813) 888-6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (3/96)

0123634 CP