

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 # P93000062694 (3)

1. Corporation Name  
COASTAL DENTAL LAB, INC.

Principal Place of Business  
306 BIG TREE RD  
SOUTH DAYTONA FL 32119

Mailing Address  
306 BIG TREE RD  
SOUTH DAYTONA FL 32119-2922

FILED  
May 09 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1993		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3200898		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COSNER, EARL H 306 BIG TREE SOUTH DAYTONA FL 32119				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	COSNER, EARL H	1.2 NAME	Cosner, Earl H
STREET ADDRESS	956 SAND CREST RD.	1.3 STREET ADDRESS	89 S. ATLANTIC AVE, 1106
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Ormond Beach, FL
TITLE	VD	2.1 TITLE	
NAME	COSNER, DONALD T	2.2 NAME	
STREET ADDRESS	956 SAND CREST RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	COSNER, DONNA M	3.2 NAME	Cosner, Donna M
STREET ADDRESS	956 SAND CREST RD.	3.3 STREET ADDRESS	89 S ATLANTIC AVE, 1106
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	Port Orange, FL
TITLE	TD	4.1 TITLE	
NAME	COSNER, BRENDA J	4.2 NAME	
STREET ADDRESS	956 SAND CREST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*[Signature]*

Donald T Cosner

4/29/97 (94)767-7701

CR2E034 (9/96)