

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

306 BIG TREE RD
SOUTH DAYTONA FL 32119

306 BIG TREE RD
SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

59-3200898

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

21 320 Big Tree Road

Suite, Apt. #, etc.

2a. Mailing Address

26 320 Big Tree Road

Suite, Apt. #, etc.

City & State

23 South Daytona, FL

Zip Country

24 32119

25

City & State

28 South Daytona, FL

Zip Country

29 32119

30

9. Name and Address of Current Registered Agent

COSNER, EARL H
306 BIG TREE
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

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 Donald T. Cosner

Signature, typed or printed name of registered agent and title if applicable

2/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COSNER, EARL H
STREET ADDRESS 89 S ATLANTIC AVE #1108
CITY-ST-ZIP ORMOND BCH FL

TITLE VD ☐ DELETE

NAME COSNER, DONALD T
STREET ADDRESS 956 SAND CREST RD.
CITY-ST-ZIP PORT ORANGE FL

TITLE SD ☐ DELETE

NAME COSNER, DONNA M
STREET ADDRESS 89 S ATLANTIC AVE #1108
CITY-ST-ZIP PORT ORANGE FL

TITLE TD ☐ DELETE

NAME COSNER, BRENDA J
STREET ADDRESS 956 SAND CREST
CITY-ST-ZIP PORT ORANGE FL

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

300002431503

-02/16/98--01080--012

***150.00

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.

CR2E034 (10/97)