
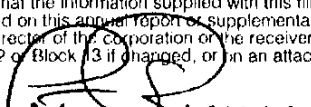


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000079313 (1)					
1. Corporation Name HANDPIECE SERVICE CENTER, INC.					
Principal Place of Business 1250 OLD DIXIE HWY STE 4 LAKE PARK FL 33403 US			Mailing Address 4521 PGA BLVD STE 218 PALM BCH GDNS FL 33418-3967 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1993	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		3a. Date of Last Report 03/29/1996	
22 City & State		27 City & State		4. FEI Number 65-0448896	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NARDOTTI, ANTHONY M 1801 BELVEDERE ROAD SUITE 402S WEST PALM BEACH FL 33406			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
D FRAGIACOMO, PETER 1200 OLD DIXIE HIGHWAY, #4 LAKE PARK FL 33403			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D ENOWITCH, JERRY 4635 NW 3RD COURT, APT 3 DELRAY BEACH FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  PETER FRAGIACO 1-7-96					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)