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FILED

Mar 24 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 # P93000082575 (0)

1. Corporation Name
TARANTO DENTAL LAB, INC.

Principal Place of Business

1872 S TAMiami TRAIL
STE F
VENICE FL 34293
US

Mailing Address

1872 S. TAMiami TRAIL
STE F
VENICE FL 34293-3148
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

06/20/1996

4. FEI Number

65-0454607

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

TARANTO, MICHAEL
1872 S. TAMiami TRAIL
STE F
VENICE FL 34293

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

Signature of registered agent or registered agent for service, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

P
TARANTO, MICHAEL
1872 S. TAMiami TRAIL
VENICE FL 34293

11.2 NAME ☐ DELETE

V
TARANTO, LAURA E
1872 S. TAMiami TRAIL
VENICE FL 34293

11.3 STREET ADDRESS ☐ DELETE

11.4 CITY - ST - ZIP ☐ DELETE

11.5 TITLE ☐ DELETE

11.6 NAME ☐ DELETE

11.7 STREET ADDRESS ☐ DELETE

11.8 CITY - ST - ZIP ☐ DELETE

11.9 TITLE ☐ DELETE

11.10 NAME ☐ DELETE

11.11 STREET ADDRESS ☐ DELETE

11.12 CITY - ST - ZIP ☐ DELETE

11.13 TITLE ☐ DELETE

11.14 NAME ☐ DELETE

11.15 STREET ADDRESS ☐ DELETE

11.16 CITY - ST - ZIP ☐ DELETE

11.17 TITLE ☐ DELETE

11.18 NAME ☐ DELETE

11.19 STREET ADDRESS ☐ DELETE

11.20 CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY - ST - ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY - ST - ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY - ST - ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY - ST - ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY - ST - ZIP ☐ Change ☐ 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:

Michael Taranto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-97 (941) 493-0896

Date

Daytime Phone #

0433028

CR2E034 (9/96)