

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

FILED

Jan 29 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 # P94000026917 (2)

1. Corporation Name
ST. LUCIE DENTAL LABORATORY, INC.



Principal Place of Business
9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952

Mailing Address
9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952-4249

3. Date Incorporated or Qualified 04/04/1994
3a. Date of Last Report 03/15/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0487829		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
22		27		28		\$5.00 May Be Added to Fees	
City & State		City & State		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		29		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

HU, YOUNG C
9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HU, YOUNG C	1.2 NAME	
STREET ADDRESS	3044 SE DARIEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HU, YONG J	2.2 NAME	
STREET ADDRESS	3044 SE DARIEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HU, IN H	3.2 NAME	
STREET ADDRESS	3044 SE DARIEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Young C. Hu REQUIRED YOUNG C. HU 1-24-97 561 335-5227
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)