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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

P94000045342 (0)

P94000045342 (0) DOCUMENT # RETAINERS UNLIMITED ORTHODONTIC LAB. INC. Principa! Place of Business Mailing Address 2201 SW 97TH RI) 2201 SW 97TH RD FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1994 03/31/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For #508 **#508** 65-0500106 26 3801 N. University Dr Not Applicable 3801 N. University Dr Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required Sunrise, FL Sunrise, Florida City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 33351 33351 Broward Broward Zip Zio Country 8. This corporation has liability for Intangible tax under s 199.032, es 🗆 No 24 🕃 🗦 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MARCUS, JACK 82 2201 SW 97TH RD 3801 N. University Dr FT LAUDERDALE FL 33324 83 Sunrise, F1 33351 84 City 85 Zip Code 33351 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. Jay Singer PROTE: Registered Agent signature required when reinstaling SIGNATURE egistered agent addutie if applic (12/95)OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE MARCUS, JACK CR2E034 NAME 1.2 NAME N. University 2201 SW 97TH RD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33324 CITY-S1-ZIP 1.4 C(TY - ST - Z)P DELETE TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change 1tflE 4. 1 TITLE Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST- ZIP CITY-ST-ZIP Jul & Marone DELETE TITLE 6 1 TITLE ☐ Change Addition 4-23-26 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP City-St-7iP I do hereby ordify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual eport 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 directory of the forpora with the same legal effect as if made under oath; that I am and officer or directory of the forpora with the same legal effect as if made under appears in Bluck 12 or Block 13 if changed, or or an attachment with an address. 14. I do hereo

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR JOY SINSET 3/15/96 (954) 742-790 0