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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000050474 (3)
HOWARD HESS DENTAL LABORATORY, INC.

**FILED** May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address															Sec. 18
19625 50TH WAY, N., A & B CLEARWATER FL 34620			Mailing Address 13625 50TH WAY, N., A & B CLEARWATER FL 34620							<b></b>				<b></b>	•1
							-	3. Date I	ncorporate /1994	ed or Qua	lified		ate of Las 01/1996		
	Place of Business	- ⊢	2a. Mailing A	ddress				4. FEI NI	-					Applied	For
21 Cuita Ani	4 -1-	2	26					59-3	<u> 259133</u>					Not App	olicable
Sulte, Apt	#, OIC.	h:	Suite, Api	l. #, elc.				5. Certific	ate of Sta	itus Desir	ed			5 Additio	
City & Ste	ile		City & Sta	ate				P. Flootie	- 0					Require	
23			28				'		n Campai rurid Cont	-	cing			May	
Zip	Counti		Zip		Countr	y					ity for i		tax under		
24	25		9	30	<u>[</u>				Statutes		E	Yes [	□ No	1 6. 195.	oor,
	9. Name and Addre	ss of Current Re	gistered Age	nt	81			0. Name	and Add	ress of N	ew Reg	gistered	Agent		
1362 CLE	DA LEVAC 25 50TH WAY NORTH ARWATER FL 34620				82 83 84	Street /	Address	(P.O. Bo) SU V(V) II	Number of State of St	is Not Ac	ceptabl	<i>Ħ  </i>	85 7	p Code <b>46 W</b>	
11. Pursuant office or agent. It	to the provisions of Sec registered agent, or bolt am tamiliar with, and acc	tions 607.0502 ann, in the State of Fi eppt the obligation	d 607.1508, Fl lorida. Such cl s of Section 6	lorida Statutes, hange was autl 07.0505, Florid	the above norized based a Statute	e-named y the corp s.	corporation's	ion subm board of	its this sta directors	toment fo . I horeby	r the pi	urpose o I the app	f changing pointment	J.D.W. g its regist as regist	istered torad
	Signature, typod or printed nam			(NOTE fo		ent signature	required wh			· · · · · · · · · · · · · · · · · · ·		DATE			
12.	TVPS	FEICERS AND DI		OFFE	13.	т	12						D DIRECTO		
NAME	LEVAC, LINDA			טנניונ	1.1 NILE 1.2 NAME		He	55,	Lin	Na	UF	>	Changi	e [_]	Addition
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NAME	HESS, HOWARD				2.2 NAME		110	wor	a 77		•				
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NAME					6.2 NAME								smarige	البا	- www.vii
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CITY ST. 7IP															

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 eath; 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 chapted, or on an attachment with an ardress.