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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077258 (9)

DAS DENTALABOR, INC.

Principa: Place of Business Mail		Mailing Address			i idalitati itu totil olais Atist oolti dulii Edits tuoli todië tiuol utili idati
240 W PALMETTO PARK RD 240 W PALMETTO PARK RI SUITE 110 SUITE 110			D		DO NOT WRITE IN THIS SPACE
BOCA RATON FL 33432 BOCA RATON FL 33432					3. Date Incorporated or Qualified
					10/19/1994
2. Principal Place of Business 2a, Mailing Address					4. FEI Number Applied For
21		26			65-0531327 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					S8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29 3	0		Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent				 	10. Name and Address of New Registered Agent
ZIMMERMAN, MICHAEL J				1 Name	
13320 SW 128TH ST			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33186				<u> </u>	
			8	3	
			8	4 City	FL 85 Zip Code
office or a	registered agent, or both, in the Statement familiar with, and accept the obline	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized I	by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE		-			
SIGNATURE	Signature, typed or printed name of registered a		रेegistered A	gent signature	required when reinstating) DATE
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	į	☐ Change ☐ Addition
NAME	HAHN, MICHAEL	N, MICHAEL		:	
STREET ADDRESS	s 1527 S FLAGLER DR		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 C(TY-	-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAMÉ	JOHNSON, DEBRA M		2,2 NAM	: [
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	110000000000000000000000000000000000000		2. 4 CITY	-ST-ZIP	

STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

DELETE

DELETE

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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:

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

FILED

Feb 06 1998 8:00am

Secretary of State

Change

Change

Addition

Addition