SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) * PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000008390 (3) DENTIST AND DENTURES, INC. Principal Place of Business Mailing Address 1901 S FEDERAL HIGHWAY 1901 S FEDERAL HIGHWAY BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1995 2. Principa' Place of Business 2a. Mailing Address 4. ELI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SEMEAH, YVES 1901 S FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 City 85 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. Thereby accept the appointment as registered agent if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or protect numer of registered agent and the diappie abi-(DDTE Registered Agents guarare required when restating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) TITLE DELFTE 1.1 Title Change Addition NAME SEMEAH, YVES 1.2 NAME STREET ADDRESS 1901 S FEDERAL HIGHWAY 1.3 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST ZIP TITLE DELETÉ 3.1 TITLE Change Addition NAME 3.2 NAM: STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP TITLE DELFTE 4.1 THLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY - ST - ZIP 5.4 City - St - ZiP TIFLE DELETE 6.1 NILE 000001897740^{3nge [Addition} -07/18/96--01024--040 NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CRY - \$1 - ZIP 14. If do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes further certify that the information in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as in that my name appears in Plack 2 or Block 13 if changed, or on an attachment with an address.

TURE AND THE OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

SIGNATURE: