

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036808 (0)  
1. Corporation Name

ATLANTIS DENTAL LAB, INC.



Principal Place of Business

Mailing Address

~~126 3RD STREET, SOUTHWEST~~  
WINTER HAVEN FL ~~33880~~

~~126 3RD STREET, SOUTHWEST~~  
WINTER HAVEN FL ~~33880~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

59-3313044

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 515 Ave I NW

26 515 Ave I NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33881 Country

28 Zip 33881 Country

9. Name and Address of Current Registered Agent

PEDE, WALLACE H II  
-126 THIRD STREET SW --  
WINTER HAVEN FL 33880 --

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

515 Ave I NW

83

84 City

Winter Haven

FL

85 Zip Code 33881

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PEDE, EVA-MARIA  
STREET ADDRESS 3419 QUEENS COVE COURT  
CITY-STATE-ZIP WINTER HAVEN FL

TITLE D  
NAME PEDE, WALLACE H II  
STREET ADDRESS 4237 SHADOW WOOD LANE  
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

*[Signature]*

8/11/98 (94) 294-3551

CR2E034 (5/98)

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ATLANTIS DENTAL LAB, INC.  
515 Ave I NW  
Winter Haven, Fl 33881

(941)294-2550

Florida Department of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Ref.: 1998 Profit Corp. Annual Report

Gentlemen/Ladies;

We just received this second notice in the mail and never received the first notice. We moved in October 1997 and although a forwarding order was presented to the post office, many pieces of mail never reached us.

I would like to respectfully request that you allow us to file this report late and accept the fee of \$ 250 had we filed on time. If you will check your records, we have always, in previous years, filed on time and I would not intentionally not do so this year.

Thank you very much!

ATLANTIS DENTAL LAB, INC.

*Eva-Maria Pedo*  
Eva-Maria Pedo  
President

Encl.