

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000047189 (2)**

**1. Corporation Name**  
**CAL-TECH DENTAL LABORATORY, INC.**



**Principal Place of Business**

**Mailing Address**

**2830 NW 41ST STREET SUITE A GAINESVILLE FL 32606**

**2830 NW 41ST STREET SUITE A GAINESVILLE FL 32606-6648**

**21 2830 NW 41st Street**  
 Suite, Apt. #, etc.

**26 2830 NW 41st Street**  
 Suite, Apt. #, etc.

**22 Remains the same**  
 City & State

**27 Remains the same**  
 City & State

**24** Zip **25** Country

**28** Zip **30** Country

**3. Date Incorporated or Qualified** **06/14/1995** **3a. Date of Last Report** **03/05/1996**  
**4. FEI Number** **59-3319721** 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 has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LINCOLN, HOWARD**  
**703 NE FIRST STREET**  
**GAINESVILLE FL 32602**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PM	<input type="checkbox"/> DELETE
NAME	LINCOLN, HOWARD	
STREET ADDRESS	703 NE FIRST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	DAUPHINEE, STEVE	
STREET ADDRESS	703 NE FIRST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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 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:** *Howard Lincoln* **3/11/97** **(352) 396-8443**

CR2E034 (9/96)