

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

FILED

Mar 10 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 # **P95000054927 (5)**

1. Corporation Name:
TOPLINE DENTAL SUPPLY, INC.



Principal Place of Business 10641 1ST STREET EAST, UNIT 204 TREASURE ISLAND FL 33706	Mailing Address 10641 1ST STREET EAST, UNIT 204 TREASURE ISLAND FL 33706-4861
--	---

3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0800906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name **Diversified Dental Services**
 82. Street Address (P.O. Box Number is Not Acceptable)
10641 1st Street East Unit 204
 83. City **Treasure Island** FL 85 Zip Code **33706**

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 **X AL Pollock** *pres.* DATE **X 4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE V.P. Sec./Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME POLLOCK, AL		1.2 NAME Drillich, Martin	
STREET ADDRESS 10641 1ST STREET EAST, UNIT 204		1.3 STREET ADDRESS 10641 1st Street East Unit 204	
CITY-ST-ZIP TREASURE ISLAND FL 33706		1.4 CITY-ST-ZIP TREASURE ISLAND FL 33706	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGDALENA, FRANK		2.2 NAME	
STREET ADDRESS 10641 1ST STREET EAST, UNIT 204		2.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL 33706		2.4 CITY-ST-ZIP	
TITLE V.P. - Sec./Pres.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Drillich, Martin		3.2 NAME	
STREET ADDRESS 10641 1st Street East Unit 204		3.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND, FL 33706		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **X Martin R Drillich** *pres.* DATE **4/24/97** X

CR2E034 (9/96)