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

Mailing Address

3965 INVESTMENT LANE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500069881

INTERNATIONAL DENTAL TECHNICIANS, INC.

3965 INVESTMENT LANE SUITE A-11 WEST PALM BEACH FL 33404 US		SUITE A-11	WEST PALM BEACH FL 33404-1731		Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report 05/29/1996	
2. Principal Pa	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26 10500 S	そしょナナ	Court	65-0608214	Not Applicable	
Suite, Apr #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 MIAMI	iami FZ		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 33156	Count	a		Yes No	
	9. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New Reg	platered Agent	
	MERMAN, MICHAEL J		8	1 Name			
13320 SW 128TH STREET MIAMI FL 33186				82 Street Address (P.O. Box Number is Not Acceptable)			
			8	3			
			8	4 City		FL 85 Zip Code	
office or re	o the provisions of Sections 607 08 egistered agent, or both, in the Sta in familiar with, and accept the obli	ite of Florida. Such change w	as authorized t	by the corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered	
DIGINATORIC .	Signature, typed or printed harne of registered a	- 4	(NOTE: Registered A	gent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME	LAMPMANN, KLAUS		1.2 NAM	E			
STREET ADDRESS	3965 INVESTMENT LANE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 City	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITU			Change Addition	
NAME	HAHN, MICHAEL		2.2 NAM	Ε .			
STREET ADDRESS	3965 INVESTMENT LANE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334		2. 4 CIT)	-ST-ZIP			
TITLE		DELETE	3.1 TITLE		*	☐ Change ☐ Addition	
NAME			3.2 NAM	E		*	
STREET ADORESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CIT	-ST-ZIP	,		
THILE		☐ DELETE	4.1 TITU		•	Change Addition	
NAME			4. 2 NAA	IE .			
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	:		Change Addition	
NAME			5.2 NAM	£			
STREET ADDRESS			5.3 \$TRI	ET ADDRESS			
C(TY-\$1-7/2				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAM	E			
STREET ADDRESS			63 STRI	ET ADDRESS			
0.71/ 03 7/0			s 4 CITY	CY 710			

SIGNATURE:

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.

FILED

Feb 12 1997 8:00am

Secretary of State

3056659456