Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90123 039 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000069881

1. Corporation Name

Principal Place	ATIONAL DENTAL TECHNIC	Mailing Address								
•		10500 SW 77TH COU	DΤ			- 1				
3965 INVESTMENT LANE 10500 SW 77TH COURT SUITE A-11 MIAMI FL 33156										
WEST PALM BEACH FL 33404 US							DO NOT WRITE IN THIS SPACE			
US						[ ]	<ol><li>Date Incorporated or Qualifed</li></ol>	i		
							09/06/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				- 4	4. FEI Number		App	lied For
21		26					65-0608214		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired	□	<b>\$8.75</b> Ad Fee Req	
City & State	e	City & State				- 1	6. Election Campaign Financing		\$5.00 N	vlav Be
23		28		,			Trust Fund Contribution	□ ·	Added to	
Zip	Country	Zip		untry	<del></del>	1	B. This corporation owes the cur	rrent year Inta		□No
24	25	29	30	1		4:	Personal Property Tax.  O. Name and Address of New	Pagistered :		
	9. Name and Address of Curre	nt Registered Agent		81	Name		J. Marile and Address of New	Kedisteren /	yen	<del></del>
ZIMN	MERMAN, MICHAEL J				, tallio					
1332			82 Street Addre			(P.O. Box Number is Not Accep	table)			
MIAMI FL 33186				83						
				84	City	•		FL	85 Zip C	ode
44 Durawant	to the provisions of Sections 607.05	02 and 607 1508 Florida 5	Statutes the	ahove	-named i	comorati	ion submits this statement for the	e purpose of	changing its r	egistered
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change valions of, Section 607.050	vas authorize 5, Florida Sta	ed by to	the corpo	oration's	board of directors. I hereby acce	ept the appoin	itment as reg	istered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			(NOTE: Register		signature re	equired whe		DATE	D DIDECTOR	20 (N) 12
12.		ND DIRECTORS	13	-		7	ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	D 12	☐ DELE.		TITLE		DTS	, , , , , , , , , , , , , , , ,	E	Criarigo	Magazini
NAME	LAMPMANN, KLAUS		1.21			ـ ا		·E		
STREET ADDRESS			1	NAME		LAM	PMANH, CARUS	e Lue		
CITY+ST-ZIP	3965 INVESTMENT LANE		1		ADDRESS	201	c investment 4	ケット	יאטר	
	WEST PALM BEACH FL 3340		1.3 : 1.4 (	STREET CITY-ST	ADDRESS	201	straim blach	ケット	5404 	Addition
TITLE	WEST PALM BEACH FL 3340 D	<b>4 ●</b> DELE	1.3 : 1.4 (	STREET	ADDRESS	201	c investment 4	ケット	SYOY ☐ Change	Addition
TITLE NAME	WEST PALM BEACH FL 3340 D HAHN, MICHAEL		1.33 1.44 TE 2.11	STREET CITY-ST	ADDRESS	201	c investment 4	ケット	SYD Y ☐ Change	Addition
	WEST PALM BEACH FL 3340 D HAHN, MICHAEL 3965 INVESTMENT LANE	DELE	1.3: 1.4:0 [E 2.1]	STREET CITY-ST TITLE NAME	ADDRESS	201	c investment 4	ケット	SYOY ☐ Change	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TIRE REQUIRED

3026628726