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Apr 30 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 # P95000071038 (0)

1. Corporation Name  
PRECISION ORTHODONTICS LABORATORY, INC.



Principal Place of Business  
4100 N. POWERLINE ROAD  
SUITE F1  
POMPANO BEACH FL 33073

Mailing Address  
4100 N. POWERLINE ROAD  
SUITE F1  
POMPANO BEACH FL 33073-3039

3. Date Incorporated or Qualified  
09/11/1995

3a. Date of Last Report  
07/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	APPLIED FOR 65-0615958	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

GELFAND, ELLIOTT J  
9400 S. DADELAND BOULEVARD  
SUITE 100  
MIAMI FL

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	KRAVETZ, GERALD	1.2 NAME	
STREET ADDRESS	4100 N. POWERLINE ROAD, SUITE F1	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33073	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KRAVETZ, MARGARET	2.2 NAME	
STREET ADDRESS	4100 N. POWERLINE ROAD, SUITE F1	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33073	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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  
Margaret Kravetz  
Margaret Kravetz  
4/23/97 (w) 1/1/97

CR2E034 (9/96)