**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P95000088377

1. Corporation Name

STAN AND JARKA SKIBA DENTAL LABORATORY, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90238 013 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				-		1 <b>010</b> 1 (8100 168	{    <b>                                 </b>
1138 WEST 26TH STREET 1138 WEST 26TH STREET									
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444			-						
						DO NOT WRI	TE IN THIS	SPACE	
	•					3. Date Incorporated or Qualifed			
		1.0.00				11/16/1995 4. FEI Number		1 7	auliad For
·	Place of Business	2a. Mailing Addre	ess					<b>⊢</b>	pplied For lot Applicable
21		26				59-3360028		<del></del>	Additional
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired			Required
City R Stat	to.	City & State				6. Election Campaign Financing			May Be
City & Stat		28	-			Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the curr	ent year Int	tangible	
24	25	29	30			Personal Property Tax.	•	☐Yes	□No
	9. Name and Address of Curre					10. Name and Address of New I	Registered	Agent	
	· · · · · ·			81	Name				
	BA, STANISLAW			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		_
	8 WEST 26TH STREET				Oli COL I Radio	(1.0. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1			
LYN	IN HAVEN FL 32444			83					Ì
				84	City			85 Zip	Code
					-		FL	<b>.</b>	ĺ
office or s	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such chang	ne was authorize	20 DV 101	named corpo le corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing if intment as i	ts registered registered
SIGNATURE	•								
	Signature, typed or printed name of registered age			ed Agent s	signature required	when reinstating)	DATE		
12.	OFFICERS AI					ADDITIONO/CHANCES TO OF	FICEDS A	UD DIDECT	ODS IN 12
		ND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	PD		ELETE 1.1	TITLE		ADDITIONS/CHANGES TO OF	FICERS AI	ND DIRECT Change	
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CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE: