FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 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 # **P96000008427 (2)**

1. Corporation Name
ACE DENTAL PROSTHETICS, INC.

Principal Place of Business	Mailing Address
516 N. PENNINSULA DR. DAYTONA BEACH FL 32118	516 N. PENNINSULA DR. DAYTONA BEACH FL 32118-4022

3. Date Incorporated or Qualified: 01/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21 155 INGLEWOOD
Suite, Apt. #, etc.
22
City & State
23 ORMOND BEACH
Zip 24 32174 Country 25 VOLUSIA

2a. Mailing Address
26 155 INGLEWOOD
Suite, Apt. #, etc.
27
City & State
28 ORMOND BEACH
Zip 29 32174 Country 30 VOLUSIA

4. FEI Number: 59-3359748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YU, MUN C
~~516 N. PENNINSULA DR.~~
~~DAYTONA BEACH FL 32118~~

155 INGLEWOOD
ORMOND BEACH, FL 32174

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 Section s 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: Mun C. Yu — mun C. Yu — 3/11/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICER/S AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	YU, MUN C	1.2 NAME	YU, MUN C
STREET ADDRESS	~~516 N. PENNINSULA DR.~~	1.3 STREET ADDRESS	155 INGLEWOOD
CITY-ST-ZIP	~~DAYTONA BEACH FL 32118~~	1.4 CITY-ST-ZIP	~~ORMOND BEACH, FL 32174~~
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Mun C. Yu — mun C. Yu — 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date