

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

516 N. PENNSULA DR.
DAYTONA BEACH FL 32118

Mailing Address

516 N. PENNSULA DR.
DAYTONA BEACH FL 32118-4022

2. Principal Place of Business

21. 155 INGLEWOOD

Same As Above

22. City & State

23. ORMOND BEACH

24. 32174 25. VOLUSIA

2a. Mailing Address

26. 155 INGLEWOOD

Suite, Apt. #, etc.

27. City & State

28. ORMOND BEACH

29. 32174 30. VOLUSIA

3. Date Incorporated or Qualified

01/26/1996

3a. Date of Last Report

4. FET 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. PENNSULA 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 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

Mun C. Yu *C. Yu* *Mun C. Yu*

3/11/97

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME YU, MUN C
3. STREET ADDRESS 516 N. PENNSULA DR.
4. CITY-STATE-ZIP DAYTONA BEACH FL 32118
5. NAME
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D
2. NAME YU, MUN C
3. STREET ADDRESS 155 INGLEWOOD
4. CITY-STATE-ZIP ORMOND BEACH, FL 32174
5. NAME
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99. STREET ADDRESS
100. CITY-STATE-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)(c), Florida Statutes. I further certify that the information included 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:

Mun C. Yu *C. Yu* *Mun C. Yu* 3/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee

CR2E034 (9/96)