PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028687

1. Corporation Name

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23

24

Zip

City & State

LINITED DENTAL LAB INC.

| Office beitting they had. | |
|--|--|
| Principal Place of Business | Mailing Address |
| 254 S. COUNTY ROAD 427, SUITE 136 LONGWOOD FL 32750 | 254 S. COUNTY ROAD 427. SUITE 136 LONGWOOD FL 32750 |
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite. Apt. #. etc. | Suite, Apt. #, etc. |

27

28 Zip

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City & State

CHOI, HWAN

Country

9. Name and Address of Current Registered Agent

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90027 008 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

X Yes

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

03/27/1996 4. FEI Number

<u>59-3370786</u>

| LONGWOOD FL 32750 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 agent, to marmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the orporation's board of directors. I hereby accept the appointment as registered agent, to marmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. OFFICERS AND DIRECTORS IN 12 16. TITLE 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDI | 254 S CIR 427 #136 | | | Street Address (F.O. Box Number is Not Acceptable) | | | | | |
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| TIL. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyed or provided neith of registered agent agen | | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE True | | | | • | <u>FL </u> | | | | |
| Signature. Typod or printed name of registered agent and site of applications (NOTE: Registered Agent signature recipitation) UATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD CHOI, JIN 0 STREET ADDRESS 1312 HAMPSHIRE PLACE CIRCLE 13 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 14 CITY-ST-ZIP VS CHOI, HWAN D STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 2 4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 2 4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 2 4 CITY-ST-ZIP TITLE ALTAMONTE SPRINGS FL 32714 3 1 TITLE 4 1 TITLE 4 1 TITLE 5 1 | office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD | SIGNATURE | | | | | | | | |
| TITLE PD DELETE 11 TITLE | Signature, typed or printed name or registered agent and use if approache (NOTE: Registered agent agriculto required anisotropy) | | | | | | | | |
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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 | | | | | 140 07000 Florida Chabata Kailana and Alamana and Al | 4 4h a 11 | la romatia n | | |

Country

81 Name

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indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), rioridal statutes, indicated in 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.