PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037921. (9)

JOHN HINSHAW DENTAL LABORATORY, INC.

Country

9. Name and Address of Current Registered Agent

25

POMPANO BEACH FL 33069

HINSHAW, JOHN SR 2663 W ATLANTIC BLVD

Principal Place of Business 2663 W ATLANTIC BLVD POMPANO BEACH FL 33089

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

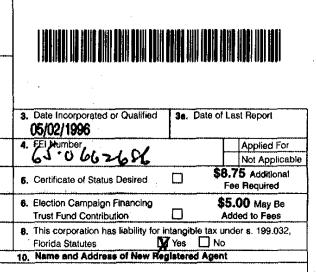
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2663 W ATLANTIC BLVD POMPANO BEACH FL 33069-2507

FILED Mar 05 1997 8:00am Secretary of State



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.

Country

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Name

Street Address (P.O. Box Number is Not Acceptable)

30

SIGNATURE	•					
OKA WATOTIE	Signature, typed or pointed name of registered agent and title it is		agistered Agent signature rec	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	Hinshaw, John Sr		1.2 NAME			
STREET ADDRESS	3312 NE 4 STREET		1.3 STREET ADDRESS			
CHY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	HINSHAW, JOHN JR		2.2 NAME	<u>.</u>	•	Ì
STREET ADDRESS	3312 NE 4 STREET		2.3 STREFT ADDRESS			
CHTY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 City-ST-ZIP			
TITLE		DELETE	3.1 TIFLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS		1	3.3 STREET ADDRESS			}
Crity-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 - S1 - ZIF			4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY - ST - ZIP			5 4 CITY - ST - ZIP			
TITEF		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			}
STREET ADDRESS			6.3 STREET ADDRESS	•		.
CITY - ST - 7IP	overthe that the information curvalind with this		64 CITY-ST-ZIP			

I do hereby certify that the information supplied with this filling 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 of the receiver or trustee empanying to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

Zip Code