

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorg  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000044490 (6)

1. Corporation Name  
TOOTH DESIGN LAB. INC.



Principal Place of Business  
5295 N.E. 18 TERRACE  
FT. LAUDERDALE FL 33308

Mailing Address  
5295 N.E. 18 TERRACE  
FT. LAUDERDALE FL 33308-3113

3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
4. FEI Number 65-0672498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4711 NE 5 Terr. Suite, Apt. #, etc. 22 Ft. Lauderdale, FL. City & State 23 Zip 24 33334 Country 25 Broward	2a. Mailing Address 26 Suite, Apt. #, etc. 27 4711 NE 5 Terr. City & State 28 Ft. Lauderdale, FL. Zip 29 33334 Country 30 Broward
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9. Name and Address of Current Registered Agent NIELSEN, HANS R 5295 N.E. 18 TERRACE FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name Hans R. Nielsen 82 Street Address (P.O. Box Number is Not Acceptable) 4711 NE 5 Terr. 83 84 City Ft. Lauderdale FL 85 Zip Code 33334
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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 *Hans R. Nielsen* *Hans R. Nielsen* President *4-11-97*  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P. Hans R. Nielsen
STREET ADDRESS		1.3 STREET ADDRESS	4711 NE 5 Terr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33334
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 attachment with an address.

SIGNATURE *Hans R. Nielsen* *Hans R. Nielsen* Pres 4-11-97 954 771 3031

CR2E034 (9/96)