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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103126 (4)

MC DENTAL SALES, INC.

TITLE

NAME STREET ADDRESS

NAME

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place 7714 PALMBR TAMPA FL 33		Mailing Address 7714 PALMBROOK ORIVE TAMPA FL 33615				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
İ						12/23/1996		
2. Principal Place of Business		2a. Mailing Address					ied For	
21		26				59-3415465 U Not A	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- \$8.75 Ad	ditional	
22		27				5. Certificate of Status Desired Fee Requ	ulred	
City & State		City & State				6. Election Campaign Financing \$5.00 M.	av Be	
28						Trust Fund Contribution		
Zip	Country	Zıp	Cot			B. This corporation owes or has paid the current year Intan-	gible	
24	25 29		30			Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
KATZ, MARTIN S 7714 PALMBROOK DRIVE				81	Name Street A	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33615								
				63				
				84	City	FL 85 Zip Co	de	
office or t	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Honda. Such change wa	is authoriz	ed by	the corp	d corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as re-	egistered gistered	
SIGNATURE	Signature, typed or printed name of registered	agent and Stield applicable (II)	NOTE Registe	red Age	nt signature i	e required when reinstating) DATE		
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PD	DELETE	DELETE 1.1			Change Addi		
NAME	KATZ, MARTIN S		1.2	NAME	-			
STREET ADDRESS	7714 PALMBROOK DRIVE		1.3	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615		14	1.4 CITY-ST-ZIP				
TITLE	774111111111111111111111111111111111111	DELETE		TITLE		Change [Addition	
NAME		_	22	NAME	-	_ ,		
STREET ADDRESS					ADORESS			
CITY.ST. 7ID				CITY S				

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 indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

3.1 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3 4. CITY - ST - ZIP

DELETE

DELETE

DELETE

DELETE

SIGNATURE: Martin S. Martin S. Ketz 4/20/98 8/2-886-168

CR2E034 (10/97)

☐ Addition

Addition

☐ Addition

Addition

Change

Change

FILED

Apr 30 1998 8:00am

Secretary of State