


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091742 (1)

1. Corporation Name:

U.S. DENTAL LABS CORPORATION



Principal Place of Business 4400 PGA BLVD., STE. 505 PALM BEACH GARDENS FL 33410	Mailing Address 4400 PGA BLVD., STE. 505 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/23/1997	
4. FEI Number		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
4400 PGA BLVD., STE. 505
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DONALD W	1.2 NAME	
STREET ADDRESS	4400 PGA BLVD., STE. 505	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKNEY, ROBERT C	2.2 NAME	
STREET ADDRESS	4400 PGA BLVD., STE. 505	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANCTIS, PETER V	3.2 NAME	
STREET ADDRESS	3300 PGA BLVD., STE. 810	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, CRAIG W	4.2 NAME	
STREET ADDRESS	4400 PGA BLVD., STE. 505	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE		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		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 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 _____ DATE _____

CR2E034 (10/97)