


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

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90037 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000068395
 1. Corporation Name
THE CENTER DENTAL LAB, INC.


Principal Place of Business 111 2ND AVE NE, SUITE 1104 ST PETERSBURG FL 33701	Mailing Address 111 2ND AVE NE, SUITE 1104 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-3524786 Applied For 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

 DUPONT, GLENN E
 111 2ND AVE NE, SUITE 1104
 ST PETERSBURG FL 33701

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, REUBEN R	1.2 NAME	
STREET ADDRESS	111 2ND AVE NE, SUITE 1104	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, DEWITT	2.2 NAME	
STREET ADDRESS	111 2ND AVE NE, SUITE 1104	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, GLENN E	3.2 NAME	
STREET ADDRESS	111 2ND AVE NE, SUITE 1104	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNDSET, KENNETH W	4.2 NAME	
STREET ADDRESS	111 2ND AVE NE, SUITE 1104	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 807, 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.

SIGNATURE: 

1-26-99

Date

Daytime Phone #

CR2E034 (1/98)