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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000085454

1. Corporation Name

DELTA DENTAL LABORATORY, INC.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90105 023 ***150.00

Principal Place	e of Business	Ma	ailing Address					(100(1)001 110 10101 10111 0	#164 ##161 ##111 # #1	·#1 18181 81111 911	101 E1111 GIST 1861
136-A STAFF DE	3	136	-A STAFF DR								
FORT WALTON BEACH FL 32548			FORT WALTON BEACH FL 32548					DO NOT WRITE IN THIS SPACE			
							-	. Date incorporated or Qu		IIO OI ACE	
							"	10/05/1998	aineu		
2. Principal Pl	lace of Business	2a.	Mailing Address			<u> </u>	4	FEI Number			Applied For
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Suite, Apt.	#. etc.	20	Suite, Apt. #, etc		- <u>-</u>					\$8.7	5 Additional
22		27					3	. Certifcate of Status Desi	red 🗀	Fee	Required
City & State	e		City & State		-		6	. Election Campaign Finar	ncing _		0 May Be
23		28	SHALIK			LORIP	14	Trust Fund Contribution		Adde	d to Fees
Zip	Country	\vdash	Zip		Country		8	. This corporation owes th	e current year		INO INO
24	25	29	32579	30	<u>ر ب</u>	· <i>H</i>		Personal Property Tax.	Now Besistars	∐ Yes	E NO
	9. Name and Address of Curre	ent Regis	tered Agent		81	Name		. Name and Address of	new Registers	au Agent	
NIFP	, EWING D				"	Name					
	A STAFF DR				82	Street Ac	ddress (P.O. Box Number is Not A	cceptable)		ļ
	WALTON BEACH FL 32548				83	1					
, , , ,					Ľ						
					84	City			F	L 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508. Florida S	statutes, the	e above	l e-named co	prporation	on submits this statement f	or the nurrose	of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Floric	da. Such change v	vas authori.	zed by	the corpora	ation's t	oard of directors. I hereby	accept the ap	pointment as	registered
agent. i ai	m tamiliar with, and accept the oblig	jations of,	, Section 607.0503	o, Fiorida S	natutes	•					i
											I
SIGNATURE	Signature, typed or printed name of registered ag	gent and title	if applicable.	(NOTE: Regist	tered Ager	nt signature requ	uired when	reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag				tered Ager	nt signature requ	uired when	reinstating) ADDITIONS/CHANGES T		AND DIREC	
						nt signature requ	uired when			AND DIREC	
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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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: