FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S03073** **(1)**

1. Corporation Name

BETHEL DENTAL LAB. INC.

Principal Place of Business	Mailing Address
2610-A WEST BAY DRIVE LARGO FL 34640	2610-A WEST BAY DRIVE LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3030077** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. This corporation [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLL, CARLOS
2257 MANOR BLVD N.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
101 TITLE	PSD	111 TITLE	☐ Change ☐ Addition
NAME	COLL, CARLOS	112 NAME	
STREET ADDRESS	2257 MANOR BLVD. NORTH	113 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	114 CITY-ST-ZIP	
102 TITLE	VTD	121 TITLE	☐ Change ☐ Addition
NAME	COLL, ALVA	122 NAME	
STREET ADDRESS	2257 MANOR BLVD. NORTH	123 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	124 CITY-ST-ZIP	
103 TITLE		131 TITLE	☐ Change ☐ Addition
NAME		132 NAME	
STREET ADDRESS		133 STREET ADDRESS	
CITY-ST-ZIP		134 CITY-ST-ZIP	
104 TITLE		141 TITLE	☐ Change ☐ Addition
NAME		142 NAME	
STREET ADDRESS		143 STREET ADDRESS	
CITY-ST-ZIP		144 CITY-ST-ZIP	
105 TITLE		151 TITLE	☐ Change ☐ Addition
NAME		152 NAME	
STREET ADDRESS		153 STREET ADDRESS	
CITY-ST-ZIP		154 CITY-ST-ZIP	
106 TITLE		161 TITLE	☐ Change ☐ Addition
NAME		162 NAME	
STREET ADDRESS		163 STREET ADDRESS	
CITY-ST-ZIP		164 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 2 if changed or added above or on an attachment with an asterisk.

SIGNATURE: Alva Coll 4/25/95 813-797-8317

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ALVA COLL Vice President

0361516 CP