

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
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.

DO NOT WRITE IN THIS SPACE

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

2. Previous Date of Filing	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1990	05/01/1994
4. FEI Number	Applied For
59-3030077	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for delinquency fees under Chapter 102, 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 Sections 607.0902 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME	PSD COLL, CARLOS 2257 MANOR BLVD. NORTH CLEARWATER FL	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY, STATE, ZIP		13.3 STREET ADDRESS	
12.4 NAME	VTD COLL, ALVA 2257 MANOR BLVD. NORTH CLEARWATER FL	13.4 CITY, STATE, ZIP	
12.5 NAME		13.5 STREET ADDRESS	
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12.100 CITY, STATE, ZIP		13.100 NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 100.021, Florida Statutes. Further, I certify that the information was obtained from the annual report or supplemental annual report or from other reliable sources 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 incorporator or founder empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears on Block 12 on Block 13 of this report or on an after report with an address.

SIGNATURE:

Alva Coll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALVA COLL Vice President

4/25/95 813-797-8317