

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1997**

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



**DOCUMENT #** *506373 (2)*  
1. Corporation Name  
*ALTER DENTAL LABS, INC.*

Principal Place of Business Mailing Address  
*1101 E. Broward Blvd.  
Fort Lauderdale, Fl. 33301*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		65-0216705		Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>GIANNAKOPOLOS Lucille</i> <i>18089 Grove Ave</i> <i>Boca Raton Fl 33498</i>				<b>200002283502</b> <b>09/03/97-01026-003</b> <b>****165.00 ****165.00</b> <b>FL</b>			

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 exempting 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's signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESIDENT</i>	1.2 NAME	
STREET ADDRESS	<i>GIANNAKOPOLOS Lucille</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>18089 Grove Ave</i>	1.4 CITY-ST-ZIP	
	<i>Boca Raton, Fl 33498</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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 do 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 its 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 in an attachment with an address.

**SIGNATURE:** *Lucille Giannakopoulos* *8/25/97* *834-4678824*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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To whom it may concern:

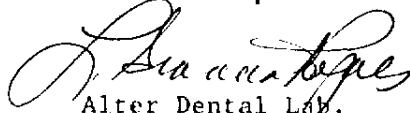
We have been away and our accountant was supposed to notify you that we should have our paper work sent to him. We have checked with his office and they have not received paperwork nor have we.

We did have our mail stopped for the time that we were gone and maybe everything went astray since, we have not received other important papers.

Per our phone conversation we have enclosed check in the amount of \$165.00. Thank you for any attention given to this matter.

Sincerely,

L. Giannakopoulos



Alter Dental Lab.  
Gianna Designs Inc.