

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S67621 (0)

1. Corporation Name

KCD DENTAL LABORATORY, INC.



Principal Place of Business

4440 SHERIDAN ST
HOLLYWOOD FL 33021

Mailing Address

4440 SHERIDAN ST
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
07/19/1991

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 5620 SHERIDAN ST.

4. FEI Number

65-0295175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 HOLLYWOOD, FL.

Zip Country

28 Zip Country

24 33021 25 30 USA.

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPPNER, CAMILLE
4440 SHERIDAN ST
HOLLYWOOD FL 33021

81 Name

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

5620 SHERIDAN STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LIPPNER, CAMILLE
STREET ADDRESS 4440 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME LIPPNER, DAVID
STREET ADDRESS 4440 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5620 SHERIDAN ST.

1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33021

2. 1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5620 SHERIDAN ST.

2.4 CITY-ST-ZIP HOLLYWOOD, FL. 33021

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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.

SIGNATURE: Camille Lippner CAMILLE LIPPNER Secretary 4/22/96 954-963-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)