

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86205** (9)

1. Corporation Name

IMPLANT RESEARCH CORPORATION



Principal Place of Business

**3220 STIRLING ROAD
HOLLYWOOD FL 33021**

Mailing Address

**3220 STIRLING ROAD
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

**LORBER, ALAN R.
SUITE 680
1111 LINCOLN ROAD
MIAMI BEACH FL 33139**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of person signing for corporation

Date Registered Agent's name and address (if changing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	MANDELL, CHARLES	
3. STREET ADDRESS	3220 STIRLING RD	
4. CITY-STATE-ZIP	HOLLYWOOD FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	☐ Change ☐ Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	☐ Change ☐ Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	☐ Change ☐ Addition
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MANDELL

3-7-96

President

CR2E034 (12/95)