

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V02216 (2)

1. Corporation Name:
POFF DENTAL LAB, INC.

Principal Place of Business

800 W LANTANA RD
LANTANA FL 33462-1725

Mailing Address

800 W LANTANA RD
LANTANA FL 33462-1509



3. Date Incorporated or Qualified 12/20/1991
3a. Date of Last Report 02/09/1996

4. FEI Number 65-0330933
Applied For 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 208 N.E. 3RD STREET
Suite, Apt. #, etc.

22 OKEECHOBEE - FL
City & State

23 34972 USA
Zip Country

24

2a. Mailing Address

26 14389 SANDWEDGE DR.
Suite, Apt. #, etc.

27 INDIANTOWN, FL
City & State

28 34956 USA
Zip Country

29 30

9. Name and Address of Current Registered Agent

POFF, GORDON M.
800 W LANTANA RD
LANTANA FL 33462-1725

10. Name and Address of New Registered Agent

81 Name POFF, GORDON M.
82 Street Address (P.O. Box Number is Not Acceptable)
14389 SANDWEDGE DRIVE
83 INDIANTOWN
84 City FL 85 Zip Code 34956

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PS	POFF, ELIZABETH	800 W. LANTANA RD	LANTANA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PS	POFF, ELIZABETH	14389 SANDWEDGE DRIVE	INDIANTOWN - FL - 34956	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: ELIZABETH H. POFF - ELIZABETH H. POFF 3-6-97 1-54-597-4228

CR2E034 (9/96)