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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

(8)

Corporation Name

RAPA DENTAL CERAMICS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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29

35054 US HIGHWAY 19 PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

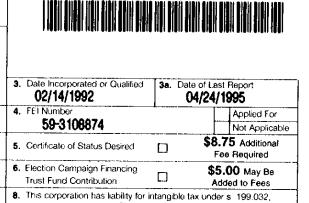
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35054 US HIGHWAY 19 PALM HARBOR FL 34684



RAPA, LESZEK B. 2566B MCMULLEN BOOTH ROAD **CLEARWATER FL 34621**

	Florida Statutes
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	

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.

Country

30

SIGNATURE Signalize byte 1 or printe o name of registered agent and title it application (NOTE: Registered Agent signature respired when renstating).				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TI'LE	D DELETE	1. 1 TITLE	Change Add-tion	
NAME	rapa, leszek b.	1.2 NAME	·	
STREET ADDRESS	2566B MCMULLEN BOOTH RD	1.3 STALET ADDRESS	35054 U.SHWU19,77 8	
CITY - \$1 - ZIP	CLEARWATER FL	1.4 City - St - Zip	35054 U.SHWY19,77 Palm Harbor, Pr. 34684	
THILE	D DELETE	2 1 TITLE	Change [] Addition	
NAME	rapa, Hanna	2 2 NAME	- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	2566B MCMULLEN BOOTH RD	2.3 STREET ADDRESS	35054 U.S.HWY 1771	
_ CITY+S1-ZIP	CLEARWATER FL	24 CITY - ST - ZIP	35054 U.S.HWY19,77 Palm Harbor, Pr. 34684 BChange Addition S 35054 U.S.HWY 19,17 Palm Harbor, Pr. 34684	
Tiruf	☐ DELETE	3 1 TITLE	Change Addition	
NAME		3.2 NAME		
SPREEL ADORESS		33 STREET ADDRESS		
CITY-S1-ZIP		3.4 CITY-\$T-7IP		
TIFLE	DELETE	4. 1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHTY+ST-ZIP		4.4 City - St - Zip		
THILF	☐ DELETE	5 1 THLE	Change Addition	
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5 4 CITY - ST - ZIP		
TITLE	DELETE	6 1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CHTY-ST-ZIP		6.4 CHY-ST-7IP		

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 anector of the corporation of the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or appears in Block 12 or Block

SIGNATURE:

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