FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24228** **(1)**

1. Corporate Name
J.M. CORAL, INC.

Principal Place of Business	Mailing Address
8256 S.W. 147 COURT MIAMI FL 33193	8256 S.W. 147 COURT MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1992**	3a. Date of Last Report: **09/27/1994**
4. FEI Number: **65-0327958**	☐ 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 authority to indemnify its directors as provided in Section 607.0850, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALDERON, JOSE L. 8256 SW 147 COURT MIAMI FL 33193	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
1. NAME	CALERDON, JOSE L.	1. NAME	
1. STREET ADDRESS	8256 SW 147 COURT	1. STREET ADDRESS	
1. CITY ST ZIP	MIAMI FL	1. CITY ST ZIP	
2. TITLE		2. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY ST ZIP		2. CITY ST ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY ST ZIP		3. CITY ST ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY ST ZIP		4. CITY ST ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY ST ZIP		5. CITY ST ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY ST ZIP		6. 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)(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 above, if applicable, or on an attachment with an address.

SIGNATURE: J Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4-28-95
Date

387-9210
Telephone Number

0204710 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # V24257 (0)

1. Corporate Name
REGGIE DENTAL LAB, INC.

Principal Place of Business	Mailing Address
3505 13TH STREET ST. CLOUD FL 34769	3505 13TH STREET ST CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 100W OAKRIDGE Rd	26 100W OAKRIDGE RD
Suite, Apt. # etc. 22 Suite 3	Suite, Apt. # etc. 27 #3
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip 24 32839 County 25 ORANGE	Zip 29 32839 County 30 ORANGE

4. FEI Number: 59-3112757 [ ] 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

9. Name and Address of Current Registered Agent

DANLEY, RICHARD D.
3501 13TH ST.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

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

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 ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DEOCHAND, REGINALD
STREET ADDRESS	5806 SHELBURN CT.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	DEOCHAND, LENARD
STREET ADDRESS	5806 SHELBURN CT.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank for entries 1–6: TITLE, NAME, STREET ADDRESS, 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)(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: Reginald Deochand REGINALD DEOCHAND 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0377645 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # V24615 (9)

1. Corporate Name

JLT INVESTMENTS, INC.

Principal Place of Business: 7689 LAKE WORTH RD. LAKE WORTH FL

Mailing Address: 7689 LAKE WORTH RD. LAKE WORTH FL

3. Date Incorporated: 03/26/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3946 Pinehurst Drive
22
23 Lake Worth
24 33467 25 Palm Beach

2a. Mailing Address
26 3946 Pinehurst Drive
27
28 Lake Worth
29 33467 30 Palm Beach

4. FEI Number: 65-0338366 — 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. 199.052, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRIGANI, STEPHEN J.
7689 LAKE WORTH RD.
LAKE WORTH FL

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 3946 Pinehurst Drive
83
84 City: Lake Worth FL 85 Zip Code: 33467

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	TITLE	☐ Change ☐ Addition
NAME	TRIGANI, STEPHEN	NAME	
STREET ADDRESS	15270 MEADOW WOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	CITY-ST-ZIP	
TITLE	VPS	TITLE	☐ Change ☐ Addition
NAME	TRIGANI, DIANE	NAME	
STREET ADDRESS	15270 MEADOW WOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Diane Trigani -VP   Diane Trigani-V.P.   4/24/95   407-793-8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   DAYTIME PHONE

0272871 CP