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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V25614** **(1)**

1. Corporation Name
SPORTS DENT, INC.

Principal Place of Business	Mailing Address
~~1126 WASHINGTON STREET~~ ~~HOLLYWOOD FL 33019~~	~~1126 WASHINGTON STREET~~ ~~HOLLYWOOD FL 33019~~

2. Principal Place of Business	2a. Mailing Address
21 c/o USHER BRYN	26 c/o USHER BRYN
22 Suite, Apt. #, etc. 2999 NE 191 St. PH Six	27 Suite, Apt. #, etc. PH 6 2999 NE 191 Street
23 City & State Aventura florida	28 City & State Aventura florida
24 Zip 33180 25 Country USA	29 Zip 33180 30 Country USA

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0329092 — [ ] Applied For [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WARREN CROMARTIE~~ ~~1126 WASHINGTON STREET~~ ~~HOLLYWOOD FL 33019~~	81 Name: USHER BRYN ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street 83 PENTHOUSE SIX 84 City: Aventura FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0505 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] USHER BRYN 6-7-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when filing this form.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[X] Change [ ] Addition
NAME	CROMARTIE, WARREN		12 NAME	
STREET ADDRESS	~~15003 SOUTH RIVER DRIVE~~		13 STREET ADDRESS	19364 E Country Club Drive
CITY-ST-ZIP	~~MIAMI FL~~		14 CITY-ST-ZIP	Aventura Fla 33180
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	300001910503
STREET ADDRESS			53 STREET ADDRESS	-08/01/96--01027--025
CITY-ST-ZIP			54 CITY-ST-ZIP	***225.00
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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] WARREN CROMARTIE 2/16/96 (305) 682 0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #