

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V33408 (8)**

1. Corporation Name
CREATIVE DENTURE SERVICES, INC.



Principal Place of Business: **6300 PEMBROKE ROAD MIRAMAR FL 33023**
Mailing Address: **6300 PEMBROKE ROAD MIRAMAR FL 33023**

2. Principal Place of Business
21 Sube, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

3. Date Incorporated or Qualified: **05/04/1992**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0331143**
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

**HARRIS, CEDRIC
6300 PEMBROKE ROAD
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

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

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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, CEDRIC	
STREET ADDRESS	631 N. 72ND AVE.	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARRIS, ALTIA	
STREET ADDRESS	631 N. 72ND AVE.	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
6	NAME	
7	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8	STREET ADDRESS	
9	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	NAME	
12	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	STREET ADDRESS	
14	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	
16	NAME	
17	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	STREET ADDRESS	
19	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	NAME	
22	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	STREET ADDRESS	
24	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Sandra B. Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98

CR2E034 (12/95)