

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

V38246

DENTAL DESIGN SYSTEMS INTERNATIONAL INCORPORATED.

Principal Place of Business

Mailing Address

SAME

1901 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL. 33435

2. Principal Place of Business

2a. Mailing Address

21 1901 S FEDERAL Hwy

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Boynton Bch FL

28

24 33435

Country

25

26 PALM Bch

29

Country

24 33435

Country

25

26 PALM Bch

29

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

5-22-92

8-15-95

4. FEI Number

Applied For

65-0376676

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

RAICH NICHOLAS S ST.
1901 S. FEDERAL HWY
BOYNTON Bch FL. 33435

81 Name

JUDITH 20FI

82 Street Address (P.O. Box Number is Not Acceptable)

1901 S. FEDERAL HWY

83

84

BOYNTON Bch

FL

85

Zip Code

33435

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

(Print, Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V.P.	NAME	JOSEPH RAICH	STREET ADDRESS	1901 S FEDERAL HWY	CITY-ST-ZIP	B.B. FL. 33435
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME	S SHARON RAICH	STREET ADDRESS	1901 S FEDERAL HWY	CITY-ST-ZIP	BOYN. Bch FL
TITLE	+	NAME	ANTHONY RAICH	STREET ADDRESS	1901 S. FEDERAL HWY	CITY-ST-ZIP	BOYNTON Bch FL
TITLE	D	NAME	NICHOLAS RAICH ST.	STREET ADDRESS	1901 S FEDERAL HWY	CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	1.2 NAME	ROBERT ZUBATSKY	1.3 STREET ADDRESS	1901 S FEDERAL HWY	1.4 CITY-ST-ZIP	B.B. FL 33435
2.1 TITLE	T	2.2 NAME	JUDITH 20FI	2.3 STREET ADDRESS	1901 S FEDERAL HWY	2.4 CITY-ST-ZIP	B.B. FL 33435
3.1 TITLE	V.P.	3.2 NAME	DAVID 20FI	3.3 STREET ADDRESS	1901 S FEDERAL HWY	3.4 CITY-ST-ZIP	B.B. FL 33435
4.1 TITLE	UPDT.	4.2 NAME	STEPHEN GINSBERG	4.3 STREET ADDRESS	9 EVERETT AVE	4.4 CITY-ST-ZIP	WILLESLEY MA
5.1 TITLE	C	5.2 NAME	EUGENE ZUBATSKY	5.3 STREET ADDRESS	4389 N. WILLOWOOD AVE	5.4 CITY-ST-ZIP	SHOREWOOD WI
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 6613819

CR2E034 (12/95)