FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50010** **(0)**

1. Corporation Name
PARAMOUNT DENTAL LABORATORY, INC.

Principal Place of Business	Mailing Address
150 KENT RD STE 2A ST AUGUSTINE FL 32086	150 KENT RD STE 2A ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Sub. Agt. Init. — 22
Sub. Agt. Init. — 27

City & State — 23
City & State — 28

ZIP — 24 — County — 25
ZIP — 29 — County — 30

4. FEI Number: **59-3132388** — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WADE, LINDA H.
150 DENT RD
STE 2A
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1400 OLD DIXIE HIGHWAY
83 SUITE C
84 City: ST. AUGUSTINE — FL — 85 Zip Code: 32086

11. Pursuant to the provisions of Section 607.325 and 607.1908, 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 607.325, Florida Statutes.

SIGNATURE: Linda H Wade — 5-18-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
1 TITLE	PD	☐ Change ☐ Addition
1 NAME	WADE, DANIEL K.	
1 STREET ADDRESS	150 KENT RD #2A	
1 CITY-ST-ZIP	ST AUGUSTINE FL	
2 TITLE	D	☐ Change ☐ Addition
2 NAME	WADE, LINDA H.	
2 STREET ADDRESS	150 KENT RD #2A	
2 CITY-ST-ZIP	ST AUGUSTINE FL	
3 TITLE	VST	☐ Change ☐ Addition
3 NAME	WADE, LINDA H.	
3 STREET ADDRESS	150 KENT RD #2A	
3 CITY-ST-ZIP	ST AUGUSTINE FL	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I further certify that I am an officer or director of this 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 or on an attachment with an address.

SIGNATURE: Linda H Wade — LINDA H. WADE — 5-18-95 — 904-825-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

'95 MAY 22 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50811 (1)

1. Corporate Name

BOBS TRANSMISSION SERVICE OF SUNRISE, INC.

Principal Place of Business: 10362 NW 55TH ST. SUNRISE FL 33351

Mailing Address: 10362 NW 55TH ST. SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1992

3a. Date of Last Report: 02/21/1994

4. FEI Number: 65-0349455 — 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. [X] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent

BARIS, PHILIP
10362 NW 55 ST.
SUNRISE FL 33351

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 617.0502, 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	PSD	[ ] Change [ ] Addition
NAME	STULTZ, ROBERT	
STREET ADDRESS	10362 NW 55 ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	[ ] Change [ ] Addition
NAME	BARIS, PHILIP	
STREET ADDRESS	10362 NW 55 ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	[ ] Change [ ] Addition
NAME	MARESCA, ANTHONY	
STREET ADDRESS	10362 NW 55 ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
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)(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: X Anthony M. Maresca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230934 CP