

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **623399** (3)
1. Corporation Name
E.A. FROMEN ORTHODONTIC LAB, INC.

Principal Place of Business: **8333 W NCNAB RD #115 TAMARAC FL 33321 US**
Mailing Address: **8333 W NCNAB RD #115 TAMARAC FL 33321 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **05/30/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1915814**
Applied For: 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 intangibles tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**KACZMAREK, JOHN C., P.A.
900 N. FEDERAL HIGHWAY
BOCA RATON FL 33432**

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 607.09(2) 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. This 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 607.09(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS
OFFICE: PD
NAME: FROMEN, EDWARD A.
STREET ADDRESS: 6556 NW 87TH AVE.
CITY, ST, ZIP: PARKLAND FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: _____ Change Addition
2. STREET ADDRESS: _____
3. CITY, ST, ZIP: _____ Change Addition
4. NAME: _____ Change Addition
5. STREET ADDRESS: _____
6. CITY, ST, ZIP: _____ Change Addition
7. NAME: _____ Change Addition
8. STREET ADDRESS: _____
9. CITY, ST, ZIP: _____ Change Addition
10. NAME: _____ Change Addition
11. STREET ADDRESS: _____
12. CITY, ST, ZIP: _____ Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(2)(b), Florida Statutes. I further certify that the information included 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attached form with an address.

SIGNATURE: *Edward A. Fromen* EDWARD A. FROMEN Date: 4/30/95 409-6233220