

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
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98 APR -9 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # *M 87408*  
1. Corporation Name  
*Rabon Dental Lab, Inc.*

Principal Place of Business Mailing Address  
**RABON DENTAL LAB, INC.**  
3932 San Jose Park Drive  
Jacksonville, FL 32217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified

4. FEI Number *59-2872035* 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

*RABON DENTAL LAB, INC.*  
*90 Willie R. Rabon*  
*3932 SAN JOSE PARK DRIVE*  
*JACKSONVILLE, FL. 32217*

10. Name and Address of New Registered Agent

81 Name *Willie R. Rabon*

82 Street Address (P.O. Box Number is Not Acceptable)  
*3932 SAN JOSE PARK DRIVE*

83

84 City *JACKSONVILLE* FL 85 Zip Code *32217*

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 *Willie R. Rabon* *Willie R. Rabon, PRESIDENT* DATE *04-07-98*

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME *PRESIDENT*  
*WILLIE R. RABON*  
STREET ADDRESS *3932 SAN JOSE PARK DRIVE*  
CITY-ST-ZIP *JACKSONVILLE, FL. 32217*

TITLE  DELETE

NAME *VICE PRESIDENT*  
*ANN B. RABON*  
STREET ADDRESS *3932 SAN JOSE PARK DRIVE*  
CITY-ST-ZIP *JACKSONVILLE, FL. 32217*

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

*A. Rabon*  
*4/9/98*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: *Ann B. Rabon* *ANN B. RABON* DATE *3-30-98* DAYTIME PHONE # *904-731-1333*

CR2E034 (10/97)