

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Simcha B. Mordecai
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **245840**
 Corporation Name
THE DENISON CORP.

(4)



Principal Place of Business: **36 SOUTHEAST FIRST STREET MIAMI FL 33131**
 Mailing Address: **4045 SHERIDAN AVENUE 245 MIAMI BEACH FL 33140 US**

2. Principal Place of Business: **4045 Sheridan Avenue**
 22. Sub: Apt. #, Etc.: **#245**
 23. City & State: **MIAMI BEACH, FLORIDA**
 24. Zip: **33140** 25. Country: **U.S.A.**

3. Date Incorporated or Qualified: **03/22/1961** 3a. Date of Last Report: **03/01/1995**
 4. FEI Number: **59-1103603** 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: Yes No

9. Name and Address of Current Registered Agent: **QUITTNER, RUTH 4045 SHERIDAN AVENUE #245 MIAMI BEACH FL 33140**

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	PVP	<input type="checkbox"/> DELETE
11b. NAME	QUITTNER, DENIS	
11c. STREET ADDRESS	4045 SHERIDAN AVE #245	
11d. CITY, ST, ZIP	MIAMI BEACH FL	
11e. TITLE	ST	<input type="checkbox"/> DELETE
11f. NAME	QUITTNER, RUTH	
11g. STREET ADDRESS	4045 SHERIDAN AVENUE #245	
11h. CITY, ST, ZIP	MIAMI BEACH FL	
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY, ST, ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY, ST, ZIP		
11q. TITLE		<input type="checkbox"/> DELETE
11r. NAME		
11s. STREET ADDRESS		
11t. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13a. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY, ST, ZIP		
13e. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME		
13g. STREET ADDRESS		
13h. CITY, ST, ZIP		
13i. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME		
13k. STREET ADDRESS		
13l. CITY, ST, ZIP		
13m. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME		
13o. STREET ADDRESS		
13p. CITY, ST, ZIP		

14. I 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 supplement or 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 alternate line with an address.

SIGNATURE: *Ruth Quittner* **RUTH QUITTNER** 1/17/96 **S31-3535**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)