

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G05765 (4)

1. Corporation Name
DENNY SALES CORPORATION



Principal Place of Business C/O NATHAN DENENBERG 3500 GATEWAY DR. POMPANO BCH. FL 33069 US	Mailing Address C/O NATHAN DENENBERG 3500 GATEWAY DR. POMPANO BCH. FL 33069 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/25/1982

4. FEI Number
59-2228068

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

**DENENBERG, NATHAN
 3500 GATEWAY DRIVE
 POMPANO BCH. FL 33069**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENENBERG, NATHAN	1.2 NAME	
STREET ADDRESS	3500 GATEWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENENBERG, NATHAN	2.2 NAME	
STREET ADDRESS	3500 GATEWAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	VP & T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOOR, J. GLEN	3.2 NAME	
STREET ADDRESS	3500 GATEWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Newman, Alan
STREET ADDRESS		4.3 STREET ADDRESS	20803 Via Madeira Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, Fla. 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Scofield, Nancy
STREET ADDRESS		5.3 STREET ADDRESS	6980 NW 21 Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Margate, Fla. 33063
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *J. Glenn Spoor* **J. GLENN SPOOR** 954-871-2100

CR2E034 (10/97)