

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90025 029 \*\*\*150.00

1/1999/13

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G05765**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/25/1982</b>	Applied For Not Applicable
4. FEI Number <b>59-2228068</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
	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 Alan Newman Vice Pres **Alan Newman, Vice President** 1/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DENENBERG, NATHAN	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DENENBERG, NATHAN	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	SPOOR, J. GLEN	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWMAN, ALAN	
STREET ADDRESS	20803 VIA MADEIRA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCOFIELD, NANCY	
STREET ADDRESS	6980 NW 21 COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Please delete Glenn Spoor as indicated.

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, with all other like empowered.

SIGNATURE: Alan Newman Vice Pres **Alan Newman, Vice President** 1/6/99 954-971-3100  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)