SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 30 AM 10:19
SECRETARY OF STATE

DOCUMENT # P31776 (8)

1. Corporation Name
DENAMERICA CORP.

MWB 10/15/96
A/R submitted timely

Principal Place of Business	Mailing Address
3000 NORTHWOOD PARKWAY SUITE 235 NORCROSS GA 30071 US	3000 NORTHWOOD PARKWAY SUITE 235 NORCROSS GA 30071 US

3. Date Incorporated or Qualified: 11/14/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1861457 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 7373 N. Scottsdale Rd	26 7373 N. Scottsdale Rd
Suite, Apt. #, etc. 22 D120	Suite, Apt. #, etc. 27 D120
City & State 23 Scottsdale AZ	City & State 28 Scottsdale AZ
Zip 24 85253 Country 25 USA	Zip 29 85253 Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001975561--9
-10/15/96--01231--005
84 City ****225.00 FL ****225.00

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 (Signature required only when registered agent is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	DELETE	1.1 TITLE: CPD	☐ Change ☒ Addition
NAME	MILLER, JEFFREY		1.2 NAME: Jack M. Lloyd	
STREET ADDRESS	125 WHITNEY VALLEY WALK		1.3 STREET ADDRESS: 7373 N. Scottsdale Rd #D120	
CITY-ST-ZIP	DULUTH GA		1.4 CITY-ST-ZIP: Scottsdale AZ 85253	
TITLE	VCOO	DELETE	2.1 TITLE: VSD	☐ Change ☒ Addition
NAME	ANTRANIKIAN, HAIG		2.2 NAME: William J. Howard	
STREET ADDRESS	1650 GLADEWOOD DR		2.3 STREET ADDRESS: 7373 N. Scottsdale Rd #D120	
CITY-ST-ZIP	ALPHAERETTA GA		2.4 CITY-ST-ZIP: Scottsdale AZ 85253	
TITLE	TAS	DELETE	3.1 TITLE: VD	☐ Change ☒ Addition
NAME	WILLIAMS, EDWARD C		3.2 NAME: William Cox	
STREET ADDRESS	3000 NORTHWOOD PKWY		3.3 STREET ADDRESS: 7373 N. Scottsdale Rd. D120	
CITY-ST-ZIP	NORCROSS GA		3.4 CITY-ST-ZIP: Scottsdale AZ 85253	
TITLE	AS	DELETE	4.1 TITLE: VTD	☐ Change ☒ Addition
NAME	ZIMMERMAN, CAROL		4.2 NAME: Todd S. Brown	
STREET ADDRESS	3000 NORTHWOODS PKWY, SUITE 235		4.3 STREET ADDRESS: 7373 N. Scottsdale Rd. #D120	
CITY-ST-ZIP	NORCROSS GA		4.4 CITY-ST-ZIP: Scottsdale AZ 85253	
TITLE	AS	DELETE	5.1 TITLE: AS/AT	☐ Change ☒ Addition
NAME	BREWER, OBY		5.2 NAME: D. Jay Hinds	
STREET ADDRESS	3333 PEACHTREE ROAD, E. TOWER, SUITE 1600		5.3 STREET ADDRESS: 7373 N Scottsdale Rd. #D120	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP: Scottsdale AZ 85253	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I declare to the best of my knowledge and belief, 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: William J. Howard 8/6/96 602 837055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D183760 FP