

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

Amended

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31776

(8)

1. Corporation Name
DENAMERICA CORP.

Principal Place of Business

7373 N. SCOTTSDALE RD
STE D120
SCOTTSDALE AZ 85253
US

Mailing Address

7373 N. SCOTTSDALE RD
STE D120
SCOTTSDALE AZ 85253-3550
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME LLOYD, JACK M
STREET ADDRESS 7373 N. SCOTTSDALE RD., #D120
CITY-ST-ZIP SCOTTSDALE FL 85253

☐ DELETE

TITLE VSD
NAME HOWARD, WILLIAM J
STREET ADDRESS 7373 N. SCOTTSDALE RD., #D120
CITY-ST-ZIP SCOTTSDALE AZ 85253

☐ DELETE

TITLE VD
NAME BROWN, TODD S
STREET ADDRESS 7373 N. SCOTTSDALE RD., #D120
CITY-ST-ZIP SCOTTSDALE AZ 85253

☐ DELETE

TITLE ASAT
NAME HINDS, D J
STREET ADDRESS 7373 N. SCOTTSDALE RD., #D120
CITY-ST-ZIP SCOTTSDALE AZ 85253

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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*****61.25 *****61.25

☐ Change ☐ Addition

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14. I do 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.

CR2E034 (9/96)