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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 157270

(0)

1. Corporation Name

DENNY AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address



5520 BROADWAY W PALM BEACH FL 33407-2604		5520 BROADWAY W PALM BEACH FL	33407-2604		
				 Date Incorporated or Qualified 02/23/1949 	3a. Date of Last Report 05/16/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-0593307	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	•	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	
			81 Name		
SHAUDYS, JONATHAN T			00 0	(CO Day No. 15 N	
5520 BROADWAY			82 Street Add	dress (P.O. Box Number is Not Acceptable	е)
W PALM BEACH, FL			63		
33407					
			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 registere		IOTE: Registered Agent signature regule	and whose relocated and	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND DIDECTORS IN 10
TIFLE	PVSD	☐ DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME .	SHAUDYS, JONATHAN	<u> </u>	1.2 NAME		Change Addition
STREET ADDRESS	5520 BROADWAY		1.3 STREET ADORESS		
GITY-ST-ZIP	W PALM BEACH, FL 000	000	1.4 City-St-ZiP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME		•	2 2 NAME		Change C Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City-St-ZiP		
Trile		☐ DELETE	3. 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City-St-Zip		
TITLE		☐ DELÉTE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		CT overage CT Madicalit
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		i
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		El cuanta El violition
STREET ADDRESS					
CITY-ST-ZIP			6.3 STREET ADDRESS		
	certify that the information such	lied with this filing is voluntarily fun	64 City-St-ZiP	for the exemption stated in Section 119.0	7/3//k) Florida Statistan I fudhar

4. I do nereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of 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 of changed, or on an all accurate my signature.

SIGNATURE:

TIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (407)848-3318