

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 394579 (7)

1. Corporation Name
DENSURMARK, INC.

Principal Place of Business 1799 7TH AVENUE NORTH LAKE WORTH FL 33461	Mailing Address 1799 7TH AVENUE NORTH LAKE WORTH FL 33461-3850
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2. Principal Place of Business 21 55 EDINBURGH DR. Suite, Apt. #, etc.	2a. Mailing Address 26 55 EDINBURGH DR. Suite, Apt. #, etc.
23 PALM BEACH GARDENS City & State 24 33418 Zip	28 PALM BEACH GARDENS City & State 29 33418 Zip
25 PALM BCH Country	30 PALM BCH Country

3. Date Incorporated or Qualified 01/26/1972	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1375585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAFFE, DENNIS J
1799 7TH AVENUE NORTH
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
55 EDINBURGH DRIVE
 83
 84 **PALM BEACH GARDENS FL** 85 Zip Code
33418

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]* 4/17/97
 Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAFFE, DENNIS J	
STREET ADDRESS	1799 7TH AVENUE NORTH	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAFFE, ILONA T	
STREET ADDRESS	1799 7TH AVENUE NORTH	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	55 EDINBURGH DRIVE
1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	55 EDINBURGH DRIVE
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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	

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.

SIGNATURE: *[Signature]* 4/17/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)