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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

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



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

25 PALM BCH  
Country

28 PALM BEACH GARDENS  
City & State

29 33418  
Zip

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

\$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

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, and 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JAFFE, DENNIS J  
STREET ADDRESS 1799 7TH AVENUE NORTH  
CITY- ST- ZIP LAKE WORTH FL 33461

TITLE SD  
NAME JAFFE, ILONA T  
STREET ADDRESS 1799 7TH AVENUE NORTH  
CITY- ST- ZIP LAKE WORTH FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
55 EDINBURGH DRIVE  
PALM BEACH GARDENS, FL 33418

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
55 EDINBURGH DRIVE  
PALM BEACH GARDENS, FL 33418

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

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)