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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	39481	ς
DOCOMERIA	#	3340 I	J

1. Corporati	JMENT # 3948: DSEN ENTERPRISES, INC.	15 (5)			
 Principal Pla	ice of Business	Mailing Address			1014 01011 Q1011 01011 01014 Q1011 1001
	ebster avenue Park FL 32789	P.O. BOX 10 GOLDENROD FL 32722-(US	0010		
US		00		3. Date Incorporated or Qualified 3a. 01/26/1972	Date of Last Report 04/13/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suita Ao	th distri	26 Suite, Apt. #, etc.		59-1379613	Not Applicable \$8.75 Additional
Suite, Ap	n. #, &c.	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	Orly & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ [24]	Country 25	Zip	Country 30	8. This corporation has liability for intang	ble tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New Registe	ered Agent
• •• •• •• • •			81 Name		
	SEN, CARL		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	E WEBSTER AVE		83		
WINT	ER PARK FL 32789				
			84 City		FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corpora	ation submits this statement for the purpose	of changing its registered office
familiar SIGNATURE	emed lu	ome CARL	C GOOSEN	d of directors. I hereby accept the appointme	-8-96.
	Signature, typical or printed name of registered ag- OFFICERS A	er a citie dappleable (NOTE: ND DIRECTORS	Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AIL
12. TILLE	ST	DELETE	1. 1 TETLE	ADDITIONS OF PARCE TO OFFICE RE	Change Addition
NAMe	GOOSEN, DOREEN		1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CHY ST ZIP	WINTER PARK FL		1.4 CITY - S1 - ZIP		
TILE	PD 0005N 005N	□ DELETE	2 1 THEF		Change Addition
NAME	GOOSEN, CARL		2 2 NAME 2 3 STREET ADDRESS		
SIRECT ADDRES	S 253 E WEBSTER AVE WINTER PARK FL		2 4 City - St - ZiP		
CHY-ST-ZiP TILE	WHATER FAUNTE	DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		•
STREET ACORES	65		3.3 STREET ADDRESS		
CITY - ST- ZP	·		3.4 CITY - ST - ZIP		
1) ([☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRES	SS		4.3 STREET ADDRESS		
CHY-SE ZIF		DELETE	4 4 C(TY - ST - Z(P) 5 1 TITLE		☐ Change ☐ Addition
NAMÉ		L ******	5 2 NAME		
STREET ADDRES	ss		5 3 STREET ADDRESS		
CITY - ST - ZIP	**		5 4 C(1Y+S1-Z)P		
THUE		☐ DELETE	6 1 TITLE		Change Addition
N.W.			6 2 NAME		
SIREET ADDRES	SS		6.3 STREET ADDRESS		
City C1 7/6			64 CHY-ST-ZIP		

14. Ido hereby 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 oath; that I am an officer or director of the corporation or the receiver or trustee en powered 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:

CANL C GOOSEN