

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 398233 (7)**  
1. Corporation Name  
**DENIS A. DWYER AND COMPANY, INC.**



Principal Place of Business <b>1600 W. STATE RD. 7 FT. LAUDERDALE FL 33335</b>	Mailing Address <b>POST OFFICE BOX 350337 FT. LAUDERDALE FL 33335-0337</b>
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3. Date Incorporated or Qualified <b>03/28/1972</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 <b>4501 NW 103<sup>RD</sup> AVE.</b> Suite, Apt. #, etc. 22 <b>202</b> City & State 23 <b>SUNRISE</b> Zip 24 <b>33351</b> Country 25 <b>BROWARD</b>	2a. Mailing Address 26 <b>P.O. Box 451 269</b> Suite, Apt. #, etc. 27 City & State 28 <b>SUNRISE</b> Zip 29 <b>33345</b> Country 30 <b>BROWARD</b>
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4. FEI Number <b>59-1464060</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

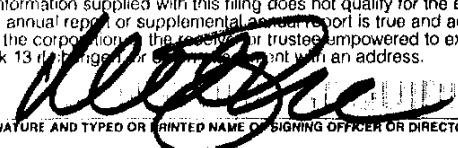
9. Name and Address of Current Registered Agent <b>DWYER, DENIS A 10951 S.W. 25 ST. DAVIE FL 33324</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DWYER, DENIS A</b>	1.2 NAME	
STREET ADDRESS	<b>10951 SW 25TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPICK, DENISE A.</b>	2.2 NAME	
STREET ADDRESS	<b>10951 SW 25TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DWYER, GLORIA J</b>	3.2 NAME	
STREET ADDRESS	<b>10951 SW 25TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DWYER, LAWRENCE T.</b>	4.2 NAME	
STREET ADDRESS	<b>9884 NOB HILL LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; the registered agent 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 with my title and address.

SIGNATURE:  DATE: **4-2-97** DAYTIME PHONE #: **748-0409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)