CORI ANNU	NPROFIT PORATION IAL REPORT 1996	FLORIDA DEPARTM Sandra B. M Secretary M DIVISION OF CO	Mortham of State		
OCU	MENT # 74566	67 (6)			
. Corporation DACA	DENA PLAZA, INC.				
I NON	DEITH FENEN, 1110				
rincipal Place	e of Business	Mailing Address			HI
6700 1ST AVE		- 0700 107 NVE 0 -			
OI PETENODE	JRG FL 33707	OT LETERODORIO LE GOVOI		Date Incorporated or Qualified	3a. Date of Last Report
				01/23/1979	05/01/1995
. Principal Pl	ace of Business	2a. Mailing Address 26 4318 22N	D STN	4. FEI Number 59-1989581	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	23	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country US	Trust Fund Contribution 4 8. This corporation has liability for	intangible tax under s. 199.032,
l	9. Name and Address of Curre	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida Statutes 10. Name and Address of New Re	Yes X No
	9. Halle Blid Address Of Cults	III Neglistered Agent	81 Name	JOHN H. O'BEI	
~LAMOI	T, OUE-		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
200 10	HERE IOLEAND EL COZOS		670	O IST HVENUE	SOUTH #101
411540			83		
TREAG	ONE TOP THE TENEDOWN				B5 Zip Code
1. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes,	84 City	PETERSBURG	FL 85 Zip Code
1. Pursuant office or reagen, I a	to the provisions of Sections 617.050 oglished agent, or both, in the Stati manifer with, and accept the orbit	02 and 617.1508, Florida Statutes, 3 of Florida. Such change was aut 1 agrons of, Section 617.0503, Florid	84 City	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing its registered t the appointment as registered
	Fruit (YTX)	mue-	84 City	orporation submits this statement for the pration's board of directors. I hereby accept	FL 85 Zip Code 33>0 purpose of changing its registered of the appointment as registered 6/15/96
ignatu 2.	Signature, typed or printed name of legislered ag	ent and title if applicable (NOTE IND DIRECTORS	the above-named or horized by the corporate Statutes. OHN Registered Agent signature re 13.	orporation submits this statement for the pration's board of directors. I hereby accept the DIBETENE equired when reinstating) ADDITIONS/CHANGES TO OFF	ourpose of changing its registered of the appointment as registered 6/NJ/96 DATE DATE DEFINITION OF THE PROPERTY OF THE PR
2.	Signature, typed or printed report to control and OFFICERS AND	ent and title if applicable (NOTE I	the above-named conformation by the corporal Statutes. JOHN Registered Agent signature in 13.	orporation submits this statement for the pration's board of directors. I hereby accept the DBEIRNE equired when reinstating) ADDITIONS/CHANGES TO OFF	ourpose of changing its registered of the appointment as registered 6/15/96 DATE ICERS AND DIRECTORS IN 12
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2. IITLE AME TREET ADDRESS	Signature, typed or printed name of temperature and OFFICERS AND DEEVENMAN, HARRY 6799-1ST AVENUE SOUTH	ent and title if applicable (NOTE I ND DIRECTORS DELETE	the above-named conformation of the corporate Statutes. OHN Registered Agent signature in 13. 11 TITLE 12 NAME	orporation submits this statement for the pration's board of directors. I hereby accept the DBETENE equired when renstating) ADDITIONS/CHANGES TO OFF DANCY LEHNERS	curpose of changing its registered of the appointment as registered Control Change Addition
2. ITLE AME TREET ADDRESS : ITY-ST-ZIP ITLE	Signature, typed or printed natural legislated as OFFICERS AN D LEVONIAN, HAPRY 6700 19T AVENUE 90UTH-ST. PETERSBURG FL-PD	ent and title if applicable (NOTE IND DIRECTORS	the above-named or horized by the corporda Statutes. DHN Registered Agent signature in 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE	orporation submits this statement for the pration's board of directors. I hereby accept the DBETENE addition's ADDITIONS/CHANGES TO OFF DANCY LEHNERS	curpose of changing its registered of the appointment as registered Control Change Addition
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SIGNATURE STOMETURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96 813/522-0189
Daytime Phone #