

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01474 (8)

1. Corporation Name

DENOMME REALTY, INC.

Principal Place of Business

3251 TAMiami TR
P.O. BOX 2189
PORT CHARLOTTE FL 33949-9189

Mailing Address

3251 TAMiami TR
P.O. BOX 2189
PORT CHARLOTTE FL 33949-9189



2. Principal Place of Business		2a. Mailing Address	
21	2357 Achilles St.	26	2357 Achilles St.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Port Charlotte, Fl 33980	28	Port Charlotte, Fl 33980
24	Zip 33980	29	Zip 33980
	Country 25 USA		Country 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
10/01/1980	03/30/1995
4. FEI Number	Applied For
59-2028925	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

NORUS, GERALDINE M.
3251 S TAMiami TRAIL
PORT CHARLOTTE, FLA
33952

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 for 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 607.1505, Florida Statutes.

SIGNATURE: *Geraldine Norus* Geraldine Norus

4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NORUS, GERALDINE	1.2 NAME	
STREET ADDRESS	2357 ACHILLES ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NORUS, GERALDINE	2.2 NAME	
STREET ADDRESS	2357 ACHILLES ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 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: *Geraldine Norus* Geraldine Norus

4/29/96

CR2E034 (12/95)