May 05, 1999 8:00 am Secretary of State

05-05-1999 90099 009 ***150.00

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

PROFIT: 75 THE CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOROMODO2003

1. Corporation DENCO	LOCOCO						
Principal Place of Business		Mailing Address				#114 /1818 181)(# {#1 ##)(// 1881
13932 CHERRY DALE LANE TAMPA FL 33618		13932 CHERRY DALE LANE TAMPA FL 33618		DO NOT WRITE IN THIS	SPACE	,	
					3. Date Incorporated or Qualifed 06/14/1996		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	/	Applied For
21		26		84-0821528		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
22		27		Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip C	Country		This corporation owes the current year Interest.		0101003
·	25	29 30			Personal Property Tax.	Yes	1 <u>₽</u> No
24	9. Name and Address of Curren		\top		10. Name and Address of New Registered	Agent	
			81	Name			
HAGEN, KEVIN H			82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
139 3	2 CHERRY DALE LANE	}		Street Audi	ess (F.O. Box Number is Not Acceptable)		
TAM	PA FL 33618		83	·			
			84	City	FL	85 Zi	p Code
SIGNATURE	m familiar with, and accept the obliger	it and title if applicable. (NOTE Regis	tered Agen		id when reinstating) DATE	7[[7
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Chang	
TITLE	PS.	_	ATTITLE			[_] Criatiy	E [] Addition
NAME	HAGEN, KEVIN		I.2 NAME				
STREET ADDRESS	13932 CHERRY DALE			ADDRESS .			
CITY-ST-ZIP	TAMPA FL	···	1.4 CITY-S 2.1 TITLE	1-ZiP	<u> </u>	[] Chang	e
TITLE	HAGEN, DACIA	_	2.2 NAME			0	_
NAME STREET ADDRESS	13932 CHERRY DALE LANE	l l		ADDRESS			
CITY-ST-ZIP	TAMPA FL	L	2. 4 CITY- S	l l			
TITLE			3.1 TITLE			Chang	e Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE 4	1.1 TITLE			☐ Chang	e Additio
NAME		and the second	1.2 NAME				
STREET ADDRESS] 4	4.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			<u>>></u>
TITLE			5.1 TITLE		·	Chang	je 🗌 Additio
NAME			5.2 NAME	ADDRESS			•
STREET ADDRESS				ADDRESS			
CITY ST 7ID	i	■ 3	5.4 CITY-S'	1-4P			

CITY-ST-ZIP 14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

L'aleie SIGNATURE AND TYPED OR PRINTED NAME

Change

☐ Addition