

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90025 029 ***150.00

1/1999/13

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # G05765

1. Corporation Name
DENNY SALES CORPORATION

| | |
|--|--|
| Principal Place of Business C/O NATHAN DENENBERG 3500 GATEWAY DR. POMPANO BCH. FL 33069 US | Mailing Address C/O NATHAN DENENBERG 3500 GATEWAY DR. POMPANO BCH. FL 33069 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/25/1982 | |
| 4. FEI Number 59-2228068 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DENENBERG, NATHAN
3500 GATEWAY DRIVE
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

FL

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 Alan Newman Vice Pres **Alan Newman, Vice President** 1/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENENBERG, NATHAN | 1.2 NAME | |
| STREET ADDRESS | 3500 GATEWAY DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENENBERG, NATHAN | 2.2 NAME | |
| STREET ADDRESS | 3500 GATEWAY DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPT <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPOOR, J. GLEN | 3.2 NAME | Please delete Glenn Spoor as indicated. |
| STREET ADDRESS | 3500 GATEWAY DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | NEWMAN, ALAN | 4.2 NAME | |
| STREET ADDRESS | 20803 VIA MADEIRA DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOFIELD, NANCY | 5.2 NAME | |
| STREET ADDRESS | 6980 NW 21 COURT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL 33063 | 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 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.

SIGNATURE: Alan Newman Vice Pres **Alan Newman, Vice President** 1/6/99 954-971-3100
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)