

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G37981** (9)  
1. Corporation Name  
**DENVER CORPORATION**



Principal Place of Business <b>4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082</b>	Mailing Address <b>4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1548 The Greens Way</b> Suite, Apt. #, etc. 22 <b>Suite 4</b> City & State 23 <b>Jacksonville Beach, FL</b> Zip 24 <b>32250</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P. O. Box 1219</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ponte Vedra Beach, FL</b> Zip 29 <b>32004</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>05/11/1983</b>	
4. FEI Number <b>59-2366240</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MELCHING, STEPHEN D. 1548 THE GREENS WAY APT 4 PONTE VEDRA BCH FL 32082</b>				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 <b>FL</b>	

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		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		DP		<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME		FLETCHER, JEROME S.				1.2 NAME									
STREET ADDRESS		4400 MARSH LANDING BLVD.				1.3 STREET ADDRESS		1548 The Greens Way, Ste. 4							
CITY-ST-ZIP		PONTE VEDRA BCH FL				1.4 CITY-ST-ZIP		Jacksonville Beach, FL 32250							
TITLE		VD		<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME		FLETCHER, PAUL Z.				2.2 NAME		Same As Above							
STREET ADDRESS		4400 MARSH LANDING BLVD.				2.3 STREET ADDRESS									
CITY-ST-ZIP		PONTE VEDRA BCH FL				2.4 CITY-ST-ZIP									
TITLE		VDT		<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME		MELCHING, STEPHEN D.				3.2 NAME		Same As Above							
STREET ADDRESS		4400 MARSH LANDING BLVD.				3.3 STREET ADDRESS									
CITY-ST-ZIP		PONTE VEDRA BCH FL				3.4 CITY-ST-ZIP									
TITLE		S		<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME		HUTCHINSON, FRANCES F.				4.2 NAME		Same As Above							
STREET ADDRESS		4400 MARSH LANDING BLVD.				4.3 STREET ADDRESS									
CITY-ST-ZIP		PONTE VEDRA BCH FL				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 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.

SIGNATURE *[Signature]* 11/28/98 (9-11) 385-1021

CR2E034 (10/97)