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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # H69623

(7)

DENDA	AR ENTERPRISES, INC.			 		
Principal Place of Business Mailing Address					TO SILL DIGIT BIBLE OLDIT DIRLE DIGIT BIDIT (DD)	
8001-13TH AVE SOUTH ST. PETERSBURG FL 33707 US		8001-13TH AVE S. ST. PETERSBURG FL 33707 US			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualific	be	
2 Principal P	lace of Business	2a. Mailing Address		08/05/1985 4. FEI Number	Applied For	
21	1809 Of Dualifold	26		59-2592436	Applied For Not Applicable	
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	·····	Certificate of Status Desired	\$8.75 Additional	
		27			Fee Required	
City & State		City & State	–		9 \$5.00 May Be	
		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Country	8. This corporation owes or has Personal Property Tax due J	s paid the current year Intangible une 30.	
24	25 g. Name and Address of Curre	29 3 nt Registered Agent	01	10. Name and Address of New		
R1 Namo				1 -71		
8001 13TH AVE SOUTH			62 Street A		otable)	
ST. PETERSBURG FL 33707				Address (P.O. Box Number is Not Acce	ABOIO)	
			83			
			84 City	St. Pelesburg	FL 85 Zip Code 737,77	
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	_	\mathcal{O}	unare	ungman	4-22-98	
	Signature, typed or printed name of registried an	mit and title if applicable (NOTE: F ID DIRECTORS /	Registered Agent signature	_ 	DATE	
12.	PSD PSD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12 Change Addition	
NAME	THOMAS, DENNIS	7	1.2 NAME			
STREET ADDRESS	8001 13TH AVE SOUTH	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP			
TITLE	- \\ 70-	DELETE	2.1 TITLE	PSD	Change Addition	
NAME	THOMAS, DARLENE		2.2 NAME	,		
STREET ADDRESS	8001-13TH AVE		2.3 STREE1 ADDRESS		ļ	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		į	
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 THILE		☐ Change ☐ Addition	
NAME			4 2 NAME		i	
STREET ADDRESS			4.3 STREET ADDRESS		ŀ	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change	
TITLE		U VELCE	5.1 TITLE		Change Addition	
NAME etacet annucee	,		5.2 NAME			
STREET ADDRESS CITY-ST-ZIP	,		5.3 STREET ADDRESS		1	
TITLE	F	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		C) OLLIN	6.2 NAME		C Change C Addition	
STREET ADDRESS			6.2 NAME			

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.

4-22.98