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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	MENT # J0651	5	(')						
ROBERT F. DENSMORE, INC.									
Principal Place o	of Business	Mailing Ad	ddress			I IRBINIA DINI BOND DINU BINDI N	DOI BHU BIBN DIDIL I		
444 BRICKELL SUITE 300	•	P.O. BO	X 1179 MDALE FL 3300	9					
Miami FL 331: US	31					3. Date Incorporated or Qualified 03/28/1986		Last Re 03/199	
2. Principal Plac	ce of Business	<u> </u>	g Address			4. FEI Number		1	pplied For
Suite, Apt. #,	, etc.		Apt. #, etc.			59-2686812 5. Certificate of Status Desired		\$8.75	ot Applicable Additional equired
City & State		27 City &	State			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
Zip	Country	28 Zip	<u></u>	Countr	rv	This corporation has liability for			to Fees 199.032.
24	25	29		30	•	Florida Statutes	as 🗌 No		
	9. Name and Address of Curre	ent Registered A	Agent			10. Name and Address of New	Registered Ag	ent	
	AN, JOHN P, ESQ			8	Name Street Addr	ess (P.O. Box Number is Not Accepta	able)		
444 BRIC STE 300	CKELL AVE			8	3				
MIAMI FI					V4 03.			BE Zin	Code
			6						
## Diversed to	the provisions of Sections 607.05	02 and 607.1508	. Florida Statute	es, the above	a-named corpor	ration submits this statement for the p	ournose of chark	ging its re	gistered office
11. Pursuant to or registere familiar with SIGNATURE	ed agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such chang ection 607.0505, f	ge was authoriz Florida Statutes	ed by the col	e-named corpor rporation's boal	ration submits this statement for the prof of directors. I hereby accept the ap	ourpose of chang opointment as re	ging its re gistered	egistered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature, typed or printed name of registered age	orida. Such chang action 607.0505, f	ge was authoriz Florida Statutes	ed by the col	a-named corpor	or directors. I hereby accept the ap	ourpose of chang opointment as re		agent ram
11. Pursuant to or registere familiar with SIGNATURE _s	ad agent, or both, in the State of His n, and accept the obligations of, Se Signature, typod or printed name of registered age OFFICERS A	orida, Such chang action 607.0505, f ant and title if applicable ND DIRECTORS	ge was authoriz Florida Statutes	ed by the col	e-named corpor rporation's boal gent signature require	ro or directors. I nereoy accept the at	DATE DATE		agent ram
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature, typed or printed name of registered age	orida, Such chang action 607.0505, f ant and title if applicable ND DIRECTORS	e was authoriz Florida Statutes	ed by the col	e-named corpor rporation's boar gert signature require	or directors. I hereby accept the ap	DATE DATE	IRECTO	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature, typod or printed name of registered ag OFFICERS A	orida, Such chang action 607.0505, f ant and title if applicable ND DIRECTORS	e was authoriz Florida Statutes	od by the col	e-named corpor rporation's boar gert signature require	or directors. I hereby accept the ap	DATE DATE	IRECTO	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s 12. ITILE NAME	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F.	orida, Such chang action 607.0505, f ant and title if applicable ND DIRECTORS	e was authoriz Florida Statutes	DIE: Registered As 13. 1.1 Till 1.2 NAM 1.3 STRE	e-named corpor rporation's boar gert signature require	or directors. I hereby accept the ap	DATE DATE FRICERS AND D	IRECTOI Change	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	onda, Such chang ection 607,0505, f	e was authoriz Florida Statutes	DIE: Registered As 13. 1.1 Till 1.2 NAM 1.3 STRE	e-named corpor rporation's boar gent signature require .E. .E. .E. .E. .E. .E. .E. .E. .E. .E	or directors. I hereby accept the ap	DATE DATE FRICERS AND D	IRECTO	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	onda, Such chang ection 607,0505, f	Pe was authorize Forida Statutes	DIE: Registered A: 13. 1.1 Tiff 1.2 NAM 1.3 STRE 1.4 CITY 2.1 Tiff 2.2 NAM	e-named corpor rporation's boar gent signature require LE LE LE LE EET ADDRESS (-ST-2IP	or directors. I hereby accept the ap	DATE DATE FRICERS AND D	IRECTOI Change	RS IN 12
11. Pursuant to or registere familiar with SIGNATURES 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	onda, Such chang ection 607,0505, f	Pe was authorize Forida Statutes	13. 1.1 TIIL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TIIL 2.2 NAM 2.3 STRE	gent signature require LE LE LE LE LE LE LE LE LE L	or directors. I hereby accept the ap	DATE DATE FRICERS AND D	IRECTOI Change	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME SIREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang, ciclion 607,0505, f	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY	e-named corpor rporation's board gent signature require te te te teet ADDRESS (-ST-2IP te tet ADDRESS (-ST-7IP	or directors. I hereby accept the ap	purpose of changopointment as re	DIRECTO! Change	RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang, ciclion 607,0505, f	Pe was authorize Forida Statutes	13. 1.1 TITL 1.2 NAM 1.3 SIRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITL	gent signature require LE LE LE LE LE LE LE LE LE L	or directors. I hereby accept the ap	purpose of changopointment as re	IRECTOI Change	RS IN 12
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang, ciclion 607,0505, f	DELETE	13. 1.1 TITL 1.2 NAM 1.3 SIRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITL 3.2 NAM	gert signature require E E E E E E E E E E E E E	or directors. I hereby accept the ap	purpose of changopointment as re	DIRECTO! Change	RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang, ciclion 607,0505, f	DELETE	11: Hogistered As 13. 1.1 TiTL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR	e-named corpor rporation's boar gent signature require E E EE EE EE EE EF AB EF EF AB EF AB EF AB EF AB AB AB EF AB AB AB AB AB AB AB AB AB A	or directors. I hereby accept the ap	purpose of changopointment as re	DIRECTO! Change	RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang cition 607,0505, F en, and tire I applicable ND DIRECTORS	DELETE	11: Hogistered As 13. 1.1 TiTL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR	e-named corpor rporation's board gent signature require te te tet ADDRESS (-ST-ZIP LE AE tet ADDRESS (-ST-ZIP LE	or directors. I hereby accept the ap	purpose of changopointment as re	DIRECTO! Change	RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang cition 607,0505, F en, and tire I applicable ND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 SIRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 SIRE 3.4 CITY 3.4 CITY	e-named corpor rporation's boal gert signature require E E E E E E E E E E E E E	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change	Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang cition 607,0505, F en, and tire I applicable ND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM	e-named corpor rporation's boal gert signature require E E E E E E E E E E E E E	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change	Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang cition 607,0505, F en, and tire I applicable ND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.1 TITL 4.2 NAM 4.3 STRE 4.3 STRE	penamed corpor rporation's boal gent signature require E HE	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change Change	RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang ection 607,0505, F em and tire I applicable IND DIRECTORS	DELETE DELETE	23 STRE 24 CITY 3. TITL 22 NAM 23 STRE 24 CITY 3.1 TITL 32 NAM 33 STRE 4 CITY 4.1 TITL 42 NAM 43 STRE 44 CITY 5.1 TITL	De-named corpor rporation's boal gert signature require E. HE	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change	Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang ection 607,0505, F em and tire I applicable IND DIRECTORS	DELETE DELETE DELETE	23 STRE 24 CITY 3. TITL 22 NAM 23 STRE 24 CITY 3. TITL 32 NAM 33 STRE 44 CITY 4. TITL 42 NAM 43 STRE 44 CITY 5. TITL 52 NAM	De-named corpor rporation's boal gert signature require E. HE	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change Change	RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATUREs 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang ection 607,0505, F em and tire I applicable IND DIRECTORS	DELETE DELETE DELETE	23 STRE 24 CITY 3.1 TITL 22 NAM 23 STRE 24 CITY 3.1 TITL 32 NAM 33 STRE 44 CITY 4.1 TITL 42 NAM 43 STRE 44 CITY 5.1 TITL 52 NAM 53 STRE	Denamed corpor reporation's board gent signature requirements for the second se	or directors. I hereby accept the ap	purpose of changopointment as re	Change Change Change	RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang etion 607.0505, F en, and tire I applicable IND DIRECTORS	DELETE DELETE DELETE DELETE	23 STRE 24 CITY 4.1 TITL 4.2 NAM 23 STRE 24 CITY 3.1 TITL 32 NAM 33 STRE 4.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STRE 5.4 CITY	De-named corpor rporation's boal gert signature require E. HE H	or directors. I hereby accept the ap	DATE FFICERS AND C	Change Change Change Change	RS IN 12 Addition Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang etion 607.0505, F en, and tire I applicable IND DIRECTORS	DELETE DELETE DELETE	23 STRE 24 CITY 3.1 TITL 22 NAM 23 STRE 24 CITY 3.1 TITL 32 NAM 33 STRE 44 CITY 4.1 TITL 42 NAM 43 STRE 44 CITY 5.1 TITL 52 NAM 53 STRE 54 CITY 6 1 TITL 61 TI	Denamed corpor proration's board properties of the properties of t	or directors. I hereby accept the ap	DATE FFICERS AND C	Change Change Change	RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang etion 607.0505, F en, and tire I applicable IND DIRECTORS	DELETE DELETE DELETE DELETE	23 STRE 24 CITY 3.1 TITL 22 NAM 23 STRE 24 CITY 3.1 TITL 32 NAM 33 STRE 34 CITY 4.1 TITL 42 NAM 43 STRE 44 CITY 5.1 TITL 52 NAM 53 STRE 54 CITY 61 TITL 62 NAM	a-named corpor reporation's board signature requirements for the second signature requirements for the secon	or directors. I hereby accept the ap	DATE FFICERS AND C	Change Change Change Change	RS IN 12 Addition Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE _s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ad agent, or both, in the State of Hid, and accept the obligations of, Se signature, typod or printed name of registered age OFFICERS A PVD DENSMORE, ROBERT F. 290-174TH ST. #2219	orida, Such Chang etion 607.0505, F en, and tire I applicable IND DIRECTORS	DELETE DELETE DELETE DELETE	23 STRE 24 CHY 3 1 TITL 42 NAM 23 STRE 24 CHY 3 1 TITL 42 NAM 43 STRE 44 CHY 5 1 TITL 52 NAM 43 STRE 54 CHY 61 TITL 62 NAM 63 STRE 62 NAM 63 STRE	Denamed corpor proration's board properties of the properties of t	or directors. I hereby accept the ap	DATE FFICERS AND C	Change Change Change Change	RS IN 12 Addition Addition Addition Addition

SIGNATURE: