

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J76462 (7)**

1. Corporation Name  
**D.M. DENNETT & ASSOCIATES, INC.**



Principal Place of Business	Mailing Address
SAUIZ 1879 FORTUNE COURT DELTONA FL 32725 US	% D.M. DENNETT 1879 FORTUNE COURT DELTONA FL 32725-3260

3. Date Incorporated or Qualified <b>06/08/1987</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2815045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1801 W. 1ST. ST.</b> Suite, Apt. #, etc.	26 <b>P.O. BOX 6488</b> Suite, Apt. #, etc.
22 City & State <b>SANFORD FL</b>	27 City & State <b>DELTONA FL</b>
23 Zip <b>32771</b> Country	28 Zip <b>32728</b> Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENNETT, D.M. 1879 FORTUNE COURT DELTONA FL 32725	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

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 **D.M. DENNETT, PRESIDENT** DATE **3-12-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DENNETT, D.M.</b>	
STREET ADDRESS	<b>1879 FORTUNE CT.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DENNETT, SHARON G.</b>	
STREET ADDRESS	<b>1879 FORTUNE CT.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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. 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: **D.M. DENNETT** DATE: **3-12-97** **407-322-1461**

CR2E034 (9/96)