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**Mar 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J78590 (3)
1. Corporation Name
JAMES B. DENMAN, A PROFESSIONAL ASSOCIATION



Principal Place of Business: **% JAMES B. DENMAN 901 CORDOVA ROAD FT. LAUDERDALE FL 33316**
Mailing Address: **% JAMES B. DENMAN 901 CORDOVA ROAD FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **06/18/1987**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business: **21 2400 E. COMMERCIAL BLD.**
2a. Mailing Address: **26 SAME**

4. FEI Number: **65-0154952**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22 SUITE 208**
Suite, Apt. #, etc.: **27 SAME**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 FT. LAUDERDALE, FL.**
City & State: **28 SAME**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33308** Country: **25 USA**
Zip: **29 SAME** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENMAN, JAMES B.
901 CORDOVA ROAD
FT. LAUDERDALE FL 33316**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **2400 E. COMMERCIAL BLD.**
83 **SUITE 208**
84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33308**

I, the undersigned, being a resident qualified person, do hereby certify that I am familiar with the above-named corporation and its business, and that I am familiar with the application of the provisions of Section 607.0505, Florida Statutes, and that I hereby accept the appointment as registered agent of the above-named corporation.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3-20-97**

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	DELETED	1.1 TITLE	Change	Addition
DENMAN, JAMES B. 901 CORDOVA ROAD FT. LAUDERDALE FL	<input type="checkbox"/>	2.1 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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; that I am an officer or director of the corporation or the registered 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-20-97** DAYTIME PHONE #: **(954) 938-9777**

CR2E034 (9/96)