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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 30 1997 8:00am

Secretary of State

(8)

DEVICON COOLD INC

DENSON GROUP, INC.										
Principal Place	e of Business	Mailing Address						######################################		
651 NW 771H	STREET	551 NW 77TH STREET	· ·							
SUITE 102		SUITE 102								
BOCA RATON US	FL 33487	BOCA RATON FL 33487-1330 US				9 Data loggrouped of Qualified	De Date of I	sal Dr		
		00				 Date Incorporated or Qualified 05/17/1988 	3a. Date of Last Report 03/15/1996			
	lace of Business	2a. Mailing Address					4. FEI Number Applied For			
Suite, Apt.	4 010	Suite, Apt. #, etc.				65-0049838			t Applicable	
22 Suite, Apr.	π, etc.		27				5. Certificate of Status Desired	1 1	./ .) A ee Rei	Additional
City & State	9	City & State					6. Election Campaign Financing			May Bo
23		28	28				Trust Fund Contribution	_ `		o Fees
Zip	Country	Zip	Coun				8. This corporation has liability for in	ntangible tax ur	nder s.	199.032,
24	25	29								
	9. Name and Address of Curre	ent Registered Agent					10. Name and Address of New Reg	jistered Agent		
	SON, LOUIS			81	Name					
	NW 77TH STREET		82 Street Add			Addres	ss (P.O. Box Number is Not Acceptable	ie)		
	「 102 CA RATON FL 33487			83						
ВОС	A MIUN FL 33407									
				84	City			EI 85	Zip C	ode ebas
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the					-named	corpor	ration submits this statement for the pr	urpose of chann	aina its	reaistered
Office of re	egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was a	authoriz	ed by	the con	poration	n's board of directors. I hereby accep	t the appointme	ent as r	registered
SIGNATURE		g,								
	Signature, typed or printed name of registered a		L: Register	red Age	nt signature	required	when reinstating)	DATE		
12.		ND DIRECTORS	13			r	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD DENOM LOUIS	DELETE		TITLE				<u> </u>	ange	Addition .
NAME	BENSON, LOUIS 263 BARCELONA ROAD		1.2 NAMC 1.3 STREET AL			12.	JC - mi anich & be	a)		
STREET ADDRESS	WEST PALM BEACH FL					123	7 Soin snance de 2002, Flando 7 Soin Snance 1202, Flando	2459	v	
CITY-ST-ZIP TITLE	VPD			1 < CHY - ST - ZIP		01	OWE THE LESSE	7111	Enna .	Addition
NAME	BENSON, MARCIA	Siteh		NAME			_	المحت	ia:iyc	Addiction
STREET ADDRESS	283 BARCELONA ROAD				ADDRESS	13	7 South Shiene	lamp		
CITY-ST-ZIP	WEST PALM BEACH FL				2 4 CHY-ST-ZIP		MANJ FLORIDA	3469	ч	
TITLE				31 TITLE					nange	Addition
NAME			3.2	NAME					•	
STREET ADDRESS			33	STREET	ADDRESS					
CITY-ST-ZIP			34.	CiTY-\$	1 - ZIP					
TITLE	☐ DELETÉ		41	4 1 117LE				☐ Ch	ange	Addition
NAME			4 2 NAM							
STREET ADDRESS		. 4		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CiTY-1		I - ZIP					
TITLE		☐ DELETE	5.1 TITLE					LJ Ch	ange	☐ Addition
NAME			1	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP		Delete:		CITY-S!	I - ZIP	 -		I=1		
TITLE		☐ DELETE		TITLE				☐ Ch	ange	Addition
NAME				NAME						
STREET ADDRESS			6.3	STREE 1	ADDRESS					

14. I do hereby certify that the information supplied with this filing information indicated on this annual report or Supplemental at I am an officer or director of the corner tien or the receiver or appears in Block 12 or Block 13 if changed, or on an attribute.

6.4 CITY - ST - ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the including sport is true and accurate and that my signature shall have the same legal effect as if made under eath, that rousing empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name