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SIGNATURE

PROFIT

Apr 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** L65036 (0) STEPHEN K. DENNY, INC. Principal Place of Business Mailing Address 15683 867H WAY N 15683 86TH WAY N PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 337 337 65-0185353 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible J619 24 Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 DENNY, STEVE Street Address (P.D. Box Number is Not Acceptable) 15683 86TH WAY N. 82 PALM BEACH GARDENS FL 33418 83 84 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition TITLE 1.1 TITLE DENNY, STEPHEN K. Stephen K. NAME 1.2 NAME CR2E034 15683 86TH WAY N STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GDNS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DENNY, PAMELA 2.2 NAME NAME STREET ADDRESS 15683 86TH WAY N 2.3 STREET ADDRESS PALM BEACH GDNS FL CITY-ST-ZIP 2 4 CITY-ST-71P DELETE 3.1 TITLE Change ■ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Addition TITEF 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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

FLORIDA DEPARTMENT OF STATE

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