Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT.
CORPORATION.
ANNUAL, REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCHMA	ENIT	# .	040	- 4
DOCUM		# ⋅	94:3	77
4 0 20.0	1			

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

DENNIS LAYTON, INC.

rincipal Place of Business	Mailing Address
9900 SW 14TH COURT	19900 SW 14TH COURT
EMBROKE PINES FL 33029	PEMBROKE PINES FL 33029

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90259 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/20/1990 4. FEI Number

65-0212863

City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	. 25	29 30	<u> </u>		Personal Property Tax.	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
HOOPER, LARRY K. 29625 SW 177 AVE		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
HOM	IESTEAD FL 33030		83			
	• ,		84	City	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named cor	poration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida Such change was auth	orized by	the corporat	tion's board of directors. I hereby accept the appointment as registered	
-	The state of the s				•	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agen	t signature requir	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	LAYTON, DENNIS		1.2 NAME			
STREET ADDRESS	19900 SW 14TH CT.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S1	r-zip		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	LAYTON, DENNIS		2.2 NAME			
STREET ADDRESS	19900 SW 14TH CT.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-S	T-ZIP		
TITLE	D	DELETE .	3.1 TITLE		☐ Change ☐ Addition	
NAME	LAYTON, MARK		3.2 NAME			
STREET ADDRESS	19900 S.W. 14TH COURT		3.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-S	T-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	WHALLEY, BRIAN		4, 2 NAME			
STREET ADDRESS	3360 SW 23 STREET		4.3 STREET	ADORESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET	ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	r-zip .	·	
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition	
NAME		•	6.2 NAME			
STREET ADDRESS	•		6.3 STREET	ADDRESS		
CITY ST 7ID			6.4 CITY-S	T-ZIP		

14. I 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 receiver or trustee empowered to 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 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 trustee empowered to 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 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 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 trustee empowered to 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 of the cor

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SUCHHOLOGICER OR DIRECTOR

4-24-99

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