## 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

## DOCUMENT # M13966

STREET ADDRESS

CITY-ST-ZIP

DENNISON MARKETING, INC.

Principal Plac	ce of Business	Mailing Address				
9191 CHIANTI	COURT	9191 CHIANTI COURT				
BOYNTON BEA	ACH FL 33437	BOYNTON BEACH FL 33437	•	BO NOT WEST	E IN TURO COACE	
US		US			E IN THIS SPACE	
		,		3. Date Incorporated or Qualifed		
		No. Was Address		04/15/1985	1.1	
<b>⊢</b> ¬	Place of Business	2a. Mailing Address		4, FEI Number		Applied For
21	. '	26		59-2520228		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	No.	Additional Required
22		City & State				
City & Stat	te ·	<b>→</b> '		6. Election Campaign Financing Trust Fund Contribution		May Be
23	Country	28 . Zip	Country			J IO Fees
Zip	Country		30	8. This corporation owes the curre	ent year intangible ☐ Yes	□No
24	25		30	Personal Property Tax.  10. Name and Address of New Re		
<del></del>	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New K	egistered Agent	
DEN	INISON, DOUGLAS G.	•*	V. Name			
06 010	1 CHIANTI COURT		82 Street Adda	ress (P.O. Box Number is Not Acceptal	ble)	
	INTON BEACH FL 33437		-		<u>, , , , , , , , , , , , , , , , , , , </u>	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
501	INTOIN BENOTITE 60457		83		建煤石 铁路	
			84 City	The state of the s	85 Zij	Code
ANT NO LOCALIDATES	anama madi	to been to a company			FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	ourpose of changing i	ts registered
agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	thorized by the corporation	on's board of directors. I hereby accept	т ше арронинентаз	registered
ਦੇ≶ agent.⊺a	am familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corporation	on's board of directors, I nereby accept	тие арронинентаз	·
SIGNATURE	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	thorized by the corporation	ed when reinstating)	DATE	
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ੳ agent. I a SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	thorized by the corporation of the corporation of the statutes.  Registered Agent signature requires	ed when reinstating)	DATE	FORS IN 12
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90051 013 \*\*\*158.75