FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:36

DOCUMENT # **M51247** **(8)**

1. Corporation Name
THE DEN MARCK AGENCY INC.

Principal Place of Business	Mailing Address
RT 2 BOX 200 ZOLFO SPRINGS FL 33890-9615	RT 2 BOX 200 ZOLFO SPRINGS FL 33890-9615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 541624
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 OPA LOCKA, FLORIDA
Zip 24 / County 25	Zip 29 33054 / County 30 DADE

4. FEI Number: 59-2799221
Applied For ☐ Not Applicable ☐

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

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

8. This corporation has subsidy for nonprofit tax under S. 199.032 Florida Statutes (X) Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCHAN, DENNIS EDWARD RT 2 BOX 200 ZOLFO SPRINGS FL 33890	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 of current registered agent if changing] [signature of new registered agent if changing] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	71 TITLE	☐ Change ☐ Addition
NAME	MCHAN, DENNIS EDWARD	72 NAME	
STREET ADDRESS	RT 2 BOX 200	73 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL	74 CITY ST ZIP	
TITLE	ST	75 TITLE	☐ Change ☐ Addition
NAME	MCHAN, JACQUELINE P.	76 NAME	
STREET ADDRESS	RT 2 BOX 200	77 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL	78 CITY ST ZIP	
TITLE	D	79 TITLE	☐ Change ☐ Addition
NAME	MCHAN, ANDREA D.	80 NAME	
STREET ADDRESS	5680 WEST 28 AVENUE	81 STREET ADDRESS	1065 WEEPING WILLOW WAY
CITY ST ZIP	HIALEAH FL	82 CITY ST ZIP	HOLLYWOOD, FL 33019
TITLE	D	83 TITLE	☐ Change ☐ Addition
NAME	CLARK, J.R.	84 NAME	
STREET ADDRESS	1204 OKEECHOBEE ROAD #377	85 STREET ADDRESS	209 N. 20 AVENUE
CITY ST ZIP	HIALEAH GARDENS FL	86 CITY ST ZIP	HOLLYWOOD, FL 33020
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY ST ZIP		90 CITY ST ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this (my) voluntarily furnished and 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 13 above, or on an attachment with an X in Block 10.

SIGNATURE: Dennis E McHan DENNIS E MCHAN 6/27/95 305/681-3347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480000 FP