

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M51247**

(8)

1. Corporation Name

THE DEN MARCK AGENCY INC.



Principal Place of Business

**RT 2 BOX 200
ZOLFO SPRINGS FL 33890-9615**

Mailing Address

**P.O. BOX 541624
OPA LOCKA FL 33054
US**

3. Date Incorporated or Qualified
04/30/1987

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
MCHAN, DENNIS EDWARD
STREET ADDRESS **RT 2 BOX 200**
CITY-STATE-ZIP **ZOLFO SPRINGS FL**

TITLE ☐ DELETE

NAME **ST**
MCHAN, JACQUELINE P.
STREET ADDRESS **RT 2 BOX 200**
CITY-STATE-ZIP **ZOLFO SPRINGS FL**

TITLE ☐ DELETE

NAME **D**
MCHAN, ANDREA D.
STREET ADDRESS **1065 WEEPING WILLOW WAY**
CITY-STATE-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **D**
CLARK, J.R.
STREET ADDRESS **209 N. 20TH AVENUE**
CITY-STATE-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Dennis E. McHan* **Dennis E. McHan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

305/687-7443

DATE DAY AND PHONE

CR2E034 (12/95)