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Mar 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
2216 MORGAN RD  
ZOLFO SPRINGS FL 33890  
US

Mailing Address  
P.O. BOX 541624  
OPA LOCKA FL 33054  
US

DO NOT WRITE IN THIS SPACE

|                                 |                 |   |                 |  |                               |
|---------------------------------|-----------------|---|-----------------|--|-------------------------------|
| 2. Principal Place of Business  |                 | 2a. Mailing Address   |                 | 3. Date Incorporated or Qualified<br>04/30/1987  |                               |
| 21                              | 209 N 20 AVENUE | 26  | P.O. Box 541624 | 4. FEI Number<br>59-2798221  | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.             |                 | Suite, Apt. #, etc.   |                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                       |                               |
| City & State<br>23 HOLLYWOOD FL |                 | City & State<br>28 OPA LOCKA FL   |                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                               |
| 24                              | Zip 33020       | 25  | Country USA     | 29   | 33054                         |
| 30                              | USA             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                 |  |                               |

9. Name and Address of Current Registered Agent

MCHAN, DENNIS EDWARD  
RT 2 BOX 200  
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable)<br>2216 MORGAN ROAD |
| 83 |  |
| 84 | City   |
| 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | P                       | 1.1 TITLE   |  |
| NAME                       | MCHAN, DENNIS EDWARD    | 1.2 NAME  |  |
| STREET ADDRESS             | 2216 MORGAN RD          | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ZOLFO SPRINGS FL        | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | ST                      | 2.1 TITLE   |  |
| NAME                       | MCHAN, JACQUELINE P.    | 2.2 NAME  |  |
| STREET ADDRESS             | 2216 MORGAN RD          | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ZOLFO SPRINGS FL        | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                       | 3.1 TITLE   |  |
| NAME                       | MCHAN, ANDREA D.        | 3.2 NAME  |  |
| STREET ADDRESS             | 1085 WEEPING WILLOW WAY | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HOLLYWOOD FL            | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                       | 4.1 TITLE   |  |
| NAME                       | CLARK, J.R.             | 4.2 NAME  |  |
| STREET ADDRESS             | 209 N. 20TH AVENUE      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HOLLYWOOD FL            | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 5.1 TITLE   |  |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 6.1 TITLE   |  |
| NAME                       |                         | 6.2 NAME  |  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - 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 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 Pres. 7/23/98 305/687-7443

CF2E034 (10/97)