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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

 Corporation 	MENT # M650 DENICKE, INC.)71 (6)			
Principal Place of Business 11932 OAK ST P.O. BOX 455 SAN ANTONIO FL 33576		Mailing Address P.O. BOX 455 P.O. BOX 455 SAN ANTONIO FL 33576	8-0455		
US		US		3. Date Incorporated or Qualified 3. 01/19/1988	Date of Last Report 05/14/1996
	lane of Bus ness	2a. Mailing Address		4. FEI Number 59-2880457	Applied For
Suite Apt	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applica \$8.75 Additional
City & Stat		City & State		Election Campaign Financing	Fee Required \$5.00 May Be
3		28		Trust Fund Contribution	
Zip	Country 25	2φ 29	Country 30	8. This corporation has liability for intan	ngible tax under s. 199.032 s No
	9. Name and Address of C	Current Registered Agent	81 Name	10. Name and Address of New Register	ered Agent
ROENICKE, F.B. 11932 OAK ST. SAN ANTONIO FL 33576				dress (P.O. Box Number is Not Acceptable)	
				JIESS (F.O. DOX NUMBER IS NOT ACCEPTABLE)	
			83		
			84 City		FL 85 Zip Code
office or	associatored amond or both in the	i Stalo of Florida. Such chance wai	s authorized by the coroors	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	ose of changing its register e appointment as registere
office or	registered agent, or both, in the am familian with, and accept the legrence see to perfect rane of regen OFFICE F	State of Florida Such change was cobligations of, Section 607,0505, ored alies and tile dapperatus. (N RS AND DIRECTORS	s authorized by the corpora Florida Statutes. Off. Registered Agent signature requ	ation's board of directors, I hereby accept the	e appointment as registere ATE B AND DIRECTORS IN 12
office or agent has SIGNATURE	registered agent, or both, in the am familian with, and accept the spread for the formed regeneration of the FD	State of Florida, Such change was obligations of, Section 607,0505, order and their approach. (N	s authorized by the corpora Florida Statules. OTE Registered Agent signature req. 13. 1.1 TITLE	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere
office or agent La SIGNATURE 12. TILLE NAME	registered agent, or both, in the am familian with, and accept the superior period familian of region OFFICER PD ROENICKE, F.B.	State of Florida Such change was obligations of, Section 607.0505, and also additional application. (N RS AND DIRECTORS	s authorized by the corpora Florida Statutes. Off. Registered Agent signature requ	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere ATE B AND DIRECTORS IN 12
office or agent ha SIGNATURE 12. THE NAME SIRFE ADDRESS 697-51-7P	registered agent, or both, in the am familian with, and accept the familian with perfect fame at regen OFFICER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, produced agreement that appealance (N as AND DIRECTORS DELETE	s authorized by the corpora Florida Statutes. OTE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore iate 6 AND DIRECTORS IN 12 Change
office or agost 1-a SIGNATURE 12. THE NAME SIREL ADDRESS CUT- 57-7P THE	registered agent, or both, in the am familian with, and accept the former registered familian with probabilities of FERCER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD	State of Florida Such change was obligations of, Section 607.0505, and also additional application. (N RS AND DIRECTORS	s authorized by the corpora Florida Statutes. OTE Registered Agent signature req 13. 1.1 TITUE 1.2 NAME 1.3 STREEL ADDRESS	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere ATE B AND DIRECTORS IN 12
office or agent 1 a gent 2 a g	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA	State of Florida Such change was obligations of, Section 607.0505, postalare and tiled approach. (N RS AND DIRECTORS DELETE X 455	s authorized by the corpora Florida Statutes. OTE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore iate 6 AND DIRECTORS IN 12 Change
Office or agent 1 a SIGNATURE 12. THE H NAME SIBLE ADDRESS COLY ST. 7P THE SIBLE ADDRESS COLY ST. 7P COLY ST. 7P	registered agent, or both, in the am familian with, and accept the familian with, and accept the OFFICER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA	State of Florida Such change was obligations of, Section 607.0505, order and the Lappe and Market National Delete Average Average Delete Average Avera	s authorized by the corpora Florida Statutes. OTE Flegistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere ATE BAND DIRECTORS IN 12 Change Addi
Office or agost 1 a signature 12. 11 LE NAME SIRES ADDRESS City 57 7P TITLE NAME SUREE ADDRESS City 51 7P TITLE NAME SUREE ADDRESS City 51 7P	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO)	State of Florida Such change was obligations of, Section 607.0505, postalare and tiled approach. (N RS AND DIRECTORS DELETE X 455	s authorized by the corpora Florida Statutes. OTE Flegistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore iate 6 AND DIRECTORS IN 12 Change
Office or agost 1 a signature 12. IT IT NAME STREE* ADDRESS CHY-ST-7R* THE NAME STREEF ADDRESS CHY-ST-7R* THE NAME NAME NAME NAME NAME NAME	registered agent, or both, in the artifamilian with, and accept the OFFICER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, order and the Lappe and Market National Delete Average Average Delete Average Avera	s authorized by the corpora Florida Statutes. Off Flegistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TITLE	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere ATE BAND DIRECTORS IN 12 Change Addi
office or agort 1 a SIGNATURE 12. II II II NAME SIBEL ADDRESS OUT-ST-7IP TITLE NAME SIBEL ADDRESS OUT-ST-7IP TITLE NAME SIBEL ADDRESS OUT-ST-7IP TITLE NAME SIBEL ADDRESS OUT-ST-7IP	registered agent, or both, in the artifamilian with, and accept the OFFICER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, order and the diagrature. (N. RS AND DIRECTORS DELETE X 455 DELETE X 455 DELETE	s authorized by the corpora Florida Statules. Off Registered Agent eignature req 13. 1.1 Tiffle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tiffle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore ATE BAND DIRECTORS IN 12 Change Addi Change Addi
office or agort 1 a SIGNATURE 12. IT IT NAME SIBEL ADDRESS OID-ST-7P UTIE NAME SIBEL ADDRESS OIT-ST-7P TITE NAME SIBEL ADDRESS OIT-ST-7P TITE NAME SIBEL ADDRESS OIT-ST-7P	registered agent, or both, in the artifamilian with, and accept the OFFICER PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, order and the Lappe and Market National Delete Average Average Delete Average Avera	s authorized by the corpora Florida Statules. Off Flogistered Agent signature requ 13. 1.1 Tiffle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tiffle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tiffle 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registere ATE BAND DIRECTORS IN 12 Change Addi
office or agent to agent to agent to agent to agent to agent to the street address of th	registered agent, or both, in the am familian with, and accept the former in the familian with and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, order and the diagrature. (N. RS AND DIRECTORS DELETE X 455 DELETE X 455 DELETE	s authorized by the corpora Florida Statutes. OTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-7IP 4.1 TITLE	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore ATE BAND DIRECTORS IN 12 Change Addi Change Addi
Office or agort La SIGNATURE 12. THE HAMME STREET ADDRESS COLY-ST-ZIP TITLE NAME STREET ADDRESS COLY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	registered agent, or both, in the am familian with, and accept the former in the familian with and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, OCT A RECEIVED BY BY AND DIRECTORS DELETE X 455 DELETE DELETE	S authorized by the corpora Florida Statutes. OTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP	ation's board of directors, I hereby accept the juried when reinstating)	Change Addi
Office or agent to agent to agent to agent to agent to agent to the name street address out to the name	registered agent, or both, in the am familian with, and accept the former in the familian with and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, order and the diagrature. (N. RS AND DIRECTORS DELETE X 455 DELETE X 455 DELETE	S authorized by the corpora Florida Statutes. OTE Registered Agent signature requ 13. 1.1 Tifue 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifue 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifue 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifue 4.2 NAME 4.3 STREEL ADDRESS	ation's board of directors, I hereby accept the juried when reinstating)	e appointment as registore ATE BAND DIRECTORS IN 12 Change Addi Change Addi
Office or agost La SIGNATURE 12. THE HAMME SIREL ANDRESS COLY-ST-ZIP TITLE NAME SIREL ADDRESS COLY-ST-ZIP TITLE SIREL ADDRESS COLY-ST-ZIP TITLE SIREL ADDRESS COLY-ST-ZIP TITLE	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, OCT A RECEIVED BY BY AND DIRECTORS DELETE X 455 DELETE DELETE	S authorized by the corpora Florida Statutes. OTE Flegistered Agent signature requ 13. 1.1 Tifue 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifue 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifue 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifue 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifue 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFUE	ation's board of directors, I hereby accept the juried when reinstating)	Change Addi
Office or agove has seen and agove has SIGNATURE 12. THE NAME STREE ADDRESS CHY-ST-7P THE NAME	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, IN SECTION SUCH SECTIONS IN DELETE X 455 DELETE DELETE DELETE	S authorized by the corpora Florida Statutes. OTE Registered Agent signature req 13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors, I hereby accept the juried when reinstating)	Change Addi
OFFICE OF STREET ADDRESS CITY STOPE THE NAME STREET ADDRESS CITY STOPE THE THE NAME STREET ADDRESS CITY STOPE THE THE NAME STREET ADDRESS CITY STOPE THE THE THE THE THE THE THE THE THE TH	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, OCT A RECEIVED BY BY AND DIRECTORS DELETE X 455 DELETE DELETE	s authorized by the corpora Florida Statutes. Off Flegistered Agent signature req 13. 1.1 Tiffle 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 Tiffle 2.2 NAME 2.3 STREEL ADDRESS 2. 4 CITY-ST-ZIP 3.1 Tiffle 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 Tiffle 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 5.1 Tiffle 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 Tiffle 5.3 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 Tiffle 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 6.1 Tiffle 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFFLE 6.1 TIFFLE 6.1 TIFFLE 6.2 NAME 6.3 STREEL ADDRESS 6.4 CITY-ST-ZIP 6.1 TIFFLE 6.2 TIFFLE 6.3 T	ation's board of directors, I hereby accept the juried when reinstating)	Change Addi
Office or agort 1 a control of the c	registered agent, or both, in the am familian with, and accept the OFFICE F PD ROENICKE, F.B. 11932 OAK ST. P.O. BO) SAN ANTONIO FL SD ROENICKE, BARBARA 11932 OAK ST. P.O. BO) SAN ANTONIO FL	State of Florida Such change was obligations of, Section 607.0505, IN SECTION SUCH SECTIONS IN DELETE X 455 DELETE DELETE DELETE	S authorized by the corpora Florida Statutes. OTE Registered Agent signature req 13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors, I hereby accept the juried when reinstating)	Change Addi