

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025248 (3)

1. Corporation Name

DENCO OF CENTRAL FLORIDA CORP.

Principal Place of Business

Mailing Address

42027 MAGGIE JONES RD.
PAISLEY FL 32767

42027 MAGGIE JONES RD.
PAISLEY FL 32767

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SECRETARY OF STATE



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

WILLIAMS, R A
42027 MAGGIE JONES RD.
PAISLEY FL 32767

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 of current registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DENT, JOHN A
STREET ADDRESS OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-STATE-ZIP NAMPSHIRE, ENGLAND, U.K.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

TITLE D
NAME DENT, ANGIE J
STREET ADDRESS OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-STATE-ZIP NAMPSHIRE, ENGLAND, U.K.

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE D
NAME DENT, ANGIE J
STREET ADDRESS OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-STATE-ZIP NAMPSHIRE, ENGLAND, U.K.

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE D
NAME DENT, SARAH J
STREET ADDRESS OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-STATE-ZIP NAMPSHIRE, ENGLAND, U.K.

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE D
NAME DENT, MATTHEW J
STREET ADDRESS OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-STATE-ZIP NAMPSHIRE, ENGLAND, U.K.

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

(JOHN A DENT) PRESIDENT

8/30/96

352-669-8331

CR2E034 (3/96)