

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025248 (3)

1. Corporation Name

DENCO OF CENTRAL FLORIDA CORP.

Principal Place of Business

42019 MAGGIE JONES RD.
PAISLEY FL 32767
US

Mailing Address

42027 MAGGIE JONES RD.
PAISLEY FL 32767

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1994

4. FEI Number

59-3284413

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, R A
42019 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DENT, JOHN A
STREET ADDRESS	OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-ST-ZIP	NAMPSPHIRE, ENGLAND, U.K.
TITLE	D <input type="checkbox"/> DELETE
NAME	DENT, ANGIE J
STREET ADDRESS	OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-ST-ZIP	NAMPSPHIRE, ENGLAND, U.K.
TITLE	D <input type="checkbox"/> DELETE
NAME	DENT, ANGIE J
STREET ADDRESS	OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-ST-ZIP	NAMPSPHIRE, ENGLAND, U.K.
TITLE	D <input type="checkbox"/> DELETE
NAME	DENT, SARAH J
STREET ADDRESS	OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-ST-ZIP	NAMPSPHIRE, ENGLAND, U.K.
TITLE	D <input type="checkbox"/> DELETE
NAME	DENT, MATTHEW J
STREET ADDRESS	OCKNELL HOUSE, STONEY CROSS, NR LYNDHURST
CITY-ST-ZIP	NAMPSPHIRE, ENGLAND, U.K.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

JOHN DENT

1. 14. 98

352/669/8331

CR2E034 (10/97)