**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 # **P94000067583 (2)**

1. Corporation Name
**DENWALD CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 10024 N.W. 54 PLACE<br>CORAL SPRINGS FL 33076 | 10024 N.W. 54 PLACE<br>CORAL SPRINGS FL 33076 |

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 08/10/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 65-0529361 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SAMUELS, LLOYD A<br>10024 N.W. 54 PLACE<br>CORAL SPRINGS FL 33076 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SAMUELS, LLOYD A | | 1.2 NAME | | |
| STREET ADDRESS | 10024 N.W. 54 PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33076 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KERR, DERRICK A | | 2.2 NAME | | |
| STREET ADDRESS | 8444 NW 43 CT. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FERGUSON, FRANKLIN | | 3.2 NAME | | |
| STREET ADDRESS | 2311 BERMUDA DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANDERSON, PATRICIA | | 4.2 NAME | | |
| STREET ADDRESS | 8467 NW 43 CT. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MATTHEWS, NORRIS | | 5.2 NAME | | |
| STREET ADDRESS | 646 S.W. 20 COURT, #B | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (3/96)

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:** Lloyd Samuels - LLOYD A. SAMUELS 8/5/96 (305)380-3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #