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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P94000069181 (3)

## FILED May 09 1997 8:00am Secretary of State

1. Corporation Name DENVER L. PRATT, P.A.  Principal Place of Business Mailing Address 9375 CROCUS CT. 9375 CROCUS CT. FT. MYERS FL 33912 FT. MYERS FL 33912-5485									
						3. Date Incorporated or Qualified 09/20/1994		te of Last F 2/1997	Report
. Principal P	Place of Business	2a. Mailing Addr	ess	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number	······································		pplied For
L		26				65-0509625			ot Applicable
Suite, Apt.	. #, ⊕IC	Suite, Apt. #	, eic.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	L	Country	<del></del>	8. This corporation has liability for	intangible	tax under	s. <b>19</b> 9.032,
	25	29	30	)				J No	
		Current Registered Agent				10. Name and Address of New R	egistered .	Agent	
	itt, denver l			81	Name	•			
	5 CROCUS CT.			82	Street Add	ress (P.O. Box Number is Not Accepta	ıble)		
FT. I	MYERS FL 33912			امما					
				[63]					
				84	City			85 Zip	Code
	14 Maria 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	07 0000 and 007 4000 Flat	de Chabatan			poration submits this statement for the	FL		ito se sistemati
agent. I a	ant familiar with, and accept th	ie State of Florida. Such char ie obligations of, Section 607	nge was auti .0505, Floric	horized by la Statutes	the corpora	tion's board of directors. I hereby acce	apt the app	On thrieff as	
SIGNATURE	Signature, typed or printed name of regis		nge was auti .0505, Florid	horized by la Statutes	the corpora	ition's board of directors. I hereby acce ired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
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14. I do hereby certify that the information subblied with this ling 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 is insured annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or helproceptr 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 a partiachment with an address.

SIGNATURE:

SIDNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3497

267.4188

Daytime Phone # 0006129