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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077537 (6)
1. Corporation Name
JOHN L. DENT & ASSOCIATES, INC.



Principal Place of Business 2924 DAY AVE. 115 COCONUT GROVE FL 33133	Mailing Address 2924 DAY AVE. 115 COCONUT GROVE FL 33133-5265
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3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0534372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9509 So. Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 9509 So Dixie Hwy Suite, Apt. #, etc.
22 SUITE 335	27 SUITE 335
23 MIAMI FL City & State	28 MIAMI FL City & State
24 33156 25 USA Zip Country	29 33156 30 USA Zip Country

g. Name and Address of Current Registered Agent
**DENT, JOHN L
2924 DAY AVE, 115
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent
81 Name **DENT, JOHN L.**
82 Street Address (P.O. Box Number is Not Acceptable)
9509 So DIXIE HIGHWAY
83 **SUITE 335**
84 City **MIAMI** FL 85 Zip Code **33156**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DENT, JOHN L	
STREET ADDRESS	2924 DAY AVE, 115	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENT, JOHN L.	
1.3 STREET ADDRESS	9509 So DIXIE HIGHWAY #335	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002325374	
2.3 STREET ADDRESS	-10/21/97--01029--021	
2.4 CITY-ST-ZIP	****550.00 ****550.00	
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	A. Alan	
5.3 STREET ADDRESS	10/17/97	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, upon an attachment with an address.

CR2E034 (9/96)