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

appears in Block 12 or Block 13 ichanged, or on an attachment with an address

PROFIT FLORIDA DEPARTMENT OF STATE The state of the s CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 97 JUL -1 AM 11: 33 DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000026741 (5) SECHE MARY OF STATE TALLAHASSEE FLORIDA **DENKA INCORPORATED** Principal Place of Business Mailing Address 9190 ORCHID TREE LN 9190 ORCHID TREE LN PEMBROKE PINES FL 33024-4663 PEMBROKE PINES FL 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1995 07/25/1996 Applied For 2a. Mailing Address 2. Principal Place of Business ✓ Not Applicable 21 \$8.75 Additional Suite Apt # etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 **ЕГВОЦОЛ САПТРАТУПТ ТПАПСТЕ** WUIVU WAY DE Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 25 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name CHUNG, DENNIS H Street Address (P.O. Box Number is Not Acceptable) 9190 ORCHID TREE LN 82 PEMBROKE PINES FL 83 Zip Code City M. 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. DATE (NOTE: Begistered Agent signature required which reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. Addition Change 12. DELETE 1.1 TITLE TITLE CR2E034 CHUNG, DENNIS 1.2 NAME NAME 1.3 STREET ADDRESS 9190 ORCHID TREE LN STREET ADDRESS PEMBROKE PINES FL 1.4 CHY-ST-ZIP 300002232**65° — 146°** -07/07/97--01169--022 CITY-ST-ZIP DELETE 21 11111 TITLE 2.2 NAME CHUNG, OLIVIA NAME ****165.00 ****165.00 2.3 STREET ADDRESS 9190 ORCHID TREE LN STREET ADDRESS PEMBROKE PINES FL 2 4 CITY - ST-ZIP Change Addition | CITY ST-ZIE DELETE 3.1 TITLE TITLE 3.2 NAME CHUNG, LORI NAME 9190 ORCHID TREE LANE 3 3 STREET ADDRESS STREET ADDRESS PEMBROKE OINES FL 34, CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP Addition CTY-ST-ZIP Change DELETE 5.1 TITLE 5.2 NAME 'nME 53 STREET ADDRESS STREET ADDRESS 5.4 C(1Y - S1 - ZIP Addition Change CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do 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 only 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 only information indicated on this annual report or supplemental annual report is true and screen and that my name of the composition of

(954) 866-9141

Apr. 15/97