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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000034992 (4) DOCUMENT #

DENOVO MARKETING GROUP, INC.

1430 ALABAMA DR 1430 ALABAMA DR WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/04/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3313083 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28

Mailing Address

Zin

29

9. Name and Address of Current Registered Agent DASCHNER, TONYA L 1430 ALABAMA DR

WINTER PARK FL 32789

25

Country

	Personal Property Tax due June 30. Li 1es Li No
10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City 85 Zip Code

8. This corporation owes or has paid the current year Intangible

FILED

Jan 15 1998 8:00am

Secretary of State

Applied For

Fee Required

Not Applicable

(10/97

CR2E034

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME DASCHNER, TONYA L 1.2 NAME 1430 ALABAMA DR STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change noitibhA | TRAVISS, TAMARA J NAME 2.2 NAME 1991 MOHICAN TR STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TIT) F DELETE 6.1 TITLE Change \_\_ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 trusted 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 by on an attackment with an address.

SIGNATURE: