FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

	MENT # P9500 ELSON / DENO, INC.	0040160 (0)		T 1809/04/1 INT ADIRE ONLY DAVIS POR	(1 44 (() 16 ()) 4		F 31 8.18 3 13111 31 111 3 0 11
Principal Place of Business		Mailing Address					
11908 MUNBURY DRIVE DADE CITY FL 33525		11908 MUNBURY DRIVE DADE CITY FL 33525					
				 Date Incorporated or Qualified 05/22/1995 	3a. Dal	e of Las	st Report
2. Principal Place of Business 21 5408 7th Street		2a. Mailing Address 26 5408 7th Street		4. FEt Number 59-3317643			Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired			.75 Additional
	rhills, Florida	City & State 28 Zephyrhills	, Florida	Election Campaign Financing Trust Fund Contribution			5.00 May Be
Zip 24 3354		^{Zip} 33540	Country 30 Pasco		s 🚺 No		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	Registered	Agent	
			81 Name				
11908 N	.SON, MARJORIE L IUNBURY DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	. <u>-</u>	
DADE C	TY FL 33525		83				
			84 City			Test	Zip Code
44 5			,		FL	85	•
	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Section	on 607.0505, Florida Statutes.	u by the corporation's boa	rd of directors. I hereby accept the app	rpose of cha cointment as	anging i registe	its registered office red agent. I am
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature, typed or printed name of registered Agent signature).			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFF			
NAME	HARRELSON, MARJORIE L		1.2 NAME		L] Chan	ge [] Addition
STREET ADDRESS	11908 MUNBURY DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY-ST-ZIP				
THILE	D	☐ DELETE	2 1 TITLE			7 Chan	ge Addition
NAME	DENO, SHARON		22 NAME		_	,	
STREET ADDRESS	3237 DIANA DRIVE		23 STREET ADDRESS				
CITY - ST - ZIP	ZEPHYRHILLS FL 33541		24 CITY-ST-ZIP				
TITLE		☐ DELETE	3. 1 TITLE			Chang	ge 🔲 Addition
NAME			3.2 NAME				
STHEFT ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY - ST - 2IP				
TITLE		☐ DELETE	4. 1 TITLE] Chang	ge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP				
NAME			5. 1 TITLE 5.2 NAME		Ĺ] Chang	ge 🔲 Addition
SIPEET ADDRESS							
CITY-ST-ZIP			5.3 STREET ADDRESS				
TITLE		DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE		г	Chang	ge Addition
NAME			6.2 NAME		L		№ □ Monitori

64 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Sharon Deno

CR2E034 (12/95)