

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000043335 (5)  
 1. Corporation Name

DENION & ASSOCIATES, P.A.



Principal Place of Business  
 1025 SOUTH SEMORAN BLVD  
 SUITE 1093  
 WINTER PARK FL 32792

Mailing Address  
 1025 SOUTH SEMORAN BLVD  
 SUITE 1093  
 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1025 South SEMORAN

2a. Mailing Address  
 26 SEMORAN

3. Date Incorporated or Qualified  
 06/02/1995

4. FEI Number  
 59-3327906

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
 DENION, JOSEPH B  
 1025 SOUTH SEMORAN BLVD  
 SUITE 1093  
 WINTER PARK FL 32792

SEMORAN

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 DENION, JOSEPH B <input type="checkbox"/> DELETE |
| NAME                       | DENION, JOSEPH B                                   |
| STREET ADDRESS             | 1100 S. ORLANDO AVE., #508                         |
| CITY-ST-ZIP                | MATLAND FL   |
| 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                |  |
| TITLE                      | <input type="checkbox"/> DELETE                    |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 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  |   |
| 5.3 STREET ADDRESS                                    |   |
| 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 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 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.

SIGNATURE: \_\_\_\_\_ 8/1/98 407-677-3146

CR2E034 (5/98)