

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000079773 (4)**

1. Corporation Name
DEN'S DELIVERY SERVICE, INC.



Principal Place of Business: **5032 70TH PLACE NORTH, PINELLAS PARK FL 33465**
Mailing Address: **5032 70TH PLACE NORTH, PINELLAS PARK FL 33465**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

3. Date Incorporated or Qualified: **10/11/1995**
3a. Date of Last Report
4. FEI Number: **65-0617996**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RESIDENT AGENT CORP., OF PINELLAS COUNTY
980 TYRONE BLVD.
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature: typed or printed name of registered agent (not the filer) (FILE: Registered Agent's position and principal place of business)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZEMBO, DENNIS P	1.2 NAME	
STREET ADDRESS	5255 82ND STREET NORTH, APT. 109	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY FL 33709	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DZEMBO, DARIA
STREET ADDRESS		2.3 STREET ADDRESS	5255 82nd Street North, Apt 109
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kenneth City, FL 33709
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 both, in attachment with an address

SIGNATURE: *Daria Dzembo* **Daria Dzembo** 2/8/96 813-544-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS P. DZEMBO 2/8/96 813-544-5128

CR2E034 (12/95)