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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000081504 (9)

DENNIS DOWNES & ASSOCIATES, INC.

## FILED Feb 17 1997 8:00am Secretary of State



Principal Place	of Business	М	ailing Address		·····		4 1881/80) fil ibibi filik filik		OIO: IPIGI I		144 B 101 1001
535 N.W. 36 AVENUE DEERFIELD BEACH FL 33442		53	535 N.W. 36 AVENUE DEERFIELD BEACH FL 33442-8023								
DEEMPIELD BEA	AOH FL 33442	U	EERTIELD BENON FL S	33442-0023			Date Incorporated or Qu     10/20/1995	alified	3a. Dat	e of Last <b>9/1996</b>	
2. Principal Pla	ace of Business	2a.	, Mailing Address		<del></del> }		4, FEI Number			<del></del>	Applied For
21		26					65-0625731				Not Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.		,		5. Certificate of Status Desi	red			Additional Required
City & State	)		City & State				6. Election Campaign Finar	cing		\$5.0	May Be
23		28					Trust Fund Contribution	_		Adde	to Fees
Zιp	Country	<b></b>	Ziρ	Cour	ntry		8. This corporation has liab	ility for int	angible t		в. 199.032,
24	25	29		30	<del></del>		Florida Statutes	<u> </u>		No	
	g. Name and Addres	s of Current Regis	iterea Agent		81 Nar		10. Name and Address of I	New Hegi	A Deres	gent	
	YNES, DENNIS J				ei iva	rie					
535 N.W. 36 AVENUE DEERFIELD BEACH FL 33442					82 Stre	Street Address (P.O. Box Number is Not Acceptable)					
<b>7-1</b> -1		· · · <del>-</del>		ſ	83			······································			
				ŀ	84 City	/				85 Zij	Code
									<u>FL</u>		<del>.,</del>
11. I bisdant t	adictoron adent, or hoth.	in the State of Flori	da. Such change was	authorized	by the	corporation	n's board of directors. I hereb	y accept :	the appo	intment a	is registered
11. Pursuant to office or re agent. I an SIGNATURE	m familiar with, and acce	pt the obligations o	it, Section 607.0505, F	Florida Statu	tes.						
SIGNATURE	Signature, typed or printed name	of registered agent and blie	e flappicable. (NC	OTE: Repistered			when reinstating)		DATE		<del></del>
SIGNATURE E	Signature, typed or printed name OF		e if applicable. (NC	OTE: Registered	Agent sign				DATE RS AND	DIRECTO	
SIGNATURE E	Signature, typed or printed name. OF	of registered agent and blie	e flappicable. (NC	DTE: Registered	Agent sign		when reinstating)		DATE RS AND		
SIGNATURE E	Signature, typed or printed name OF P DENNIS DOWNES	of registered agent and blie	e if applicable. (NC	13. 1.1 TIT	Agent sign LE ME	ature required	when reinstating)		DATE RS AND	DIRECTO	
SIGNATURE E	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e if applicable. (NC	13. 1.1 TIT	Agent sign	ature required	when reinstating)		DATE RS AND	DIRECTO	
SIGNATURE  12. TIFLE NAME STREET ADDRESS CHTY-SI-ZIP	Signature, typed or printed name OF P DENNIS DOWNES	of registered agent and title FICERS AND DIREC	e d'applicable. (NC CTORS DELETE	13. 1.1 TsT 1.2 NA 1.3 STS 1.4 CsT	Agert Bign LE ME REET ADDRE Y-ST-ZIP	ature required	when reinstating)		DATE RS AND	DIRECTO Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e if applicable. (NC	DYE Registered 13. 1.1 THT 1.2 NA 1.3 STH 1.4 CH 2.1 TH	Agert eign LE ME REET ADDRE Y-ST-ZIP	ature required	when reinstating)		DATE RS AND	DIRECTO	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-2IP  TITLE  NAME	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e d'applicable. (NC CTORS DELETE	13. 1.1 THT 1.2 NA 1.3 STH 1.4 CH 2.1 THT 2.2 NA	Agent eign LE ME REET ADDRE Y-ST-ZIP LE ME	sture required	when reinstating)		DATE RS AND	DIRECTO Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e d'applicable. (NC CTORS DELETE	13. 1.1 THT 1.2 NA 1.3 STH 1.4 CH 2.1 THT 2.2 NA	Agert eign LE ME REET ADDRE Y-ST-ZIP	sture required	when reinstating)		DATE RS AND	DIRECTO Change	Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CHY-SI-ZIP  TITLE  NAME  STREEL ADDRESS  CHY-SI-ZIP	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e d'applicable. (NC CTORS DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 2.1 TIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CF	Agent sign LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP	sture required	when reinstating)	O OFFICE	DATE RS AND	DIRECTO Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZIP  TITLE  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZIP  TITLE	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	e d'applicable. (NC CTORS DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 1.4 CiT 2.1 TiT 2.2 NA 2.3 STI	Agent sign LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP	sture required	when reinstating)	O OFFICE	DATE RS AND	DIRECTO Change	Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZIP	Signature, typed or printed name OF P DENNIS DOWNES 535 NE 36 AVE	of registered agent and title FICERS AND DIREC	of applicable. (NCCTORS ☐ DELETE ☐ DELETE ☐ DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CF 3.1 TiT 3.2 NA 3.3 STI 3.4 CF	Agert eign LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE ME REET ADDRE	ss .	when reinstating)	O OFFICE	DATE RS AND	DIRECTO Change	Addition  Addition
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4. 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 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 rame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

ED NAME OF SIGNING OFFICER ON DIRECTOR

WNES 2/3/9%

13/92 410034