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

**CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081504 (9)

**DENNIS DOWNES & ASSOCIATES, INC.** 

## FILED May 15 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address	Mailing Address		100 (00  110 (DID) DI)   90   00   00   00   00   00   00   0	LOLDE LIBUT BELIE BUIEL DEUL 1001
535 N.W. 36 AVENUE	535 N.W. 36 AVENU	535 N.W. 36 AVENUE			
DEERFIELD BEACH FL 33442	DEERFIELD BEACH	DEERFIELD BEACH FL 33442		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/20/1995	
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	[26]	Suite, Apt. #, etc.		65-0625731	Not Applicable \$8.75 Additional
Suite, Apt #, etc.	<b>├₁</b>	27		5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
<b>Zip</b> Co	ountry Z(p			8. This corporation owes or has paid the current year Intangible	
24 25	29	30		Personal Property Tax due June 30.	Yes No
9, Name and A	ddress of Current Registered Agent	B1	Name	10. Name and Address of New Register	ed Agent
DOWNES, DENNIS		81	Name		
535 N.W. 36 AVENUE			Street A	ddress (P.O. Box Number is Not Acceptable)	
DEERFIELD BEACH	FL 33442	83			
			01.		85 Zip Code
		84	- 7		<b>-L</b>   -
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 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 re					se of changing its registered
agent. I am familiar with, and	faccept the obligations of Section 607.050	5, Florida Statutes	ine 60/p	1	_
SIGNATURE DENTIS	D. DOWNES	TOTAL TO THE TAXABLE PARTY.			27-98
Signature typed or privile	dinamic of registered agent and title it applicable ORT ICLIBS AND DIRECTORS	(NOTE: Registered Age	int signatura i	required when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN #2
DA	□ neier		T	EXECUTIVE VILE PILOS OUNT	Change Addition
NAME DENNIS DOW	MCD.	1.2 NAME		ENIA L	
STREET ADDRESS 535"NE. 90 A		1.3 STREET	ADDRESS	535 un 36th AVE BERFIOLD BOAL FIJE 3	
	EACH FL 33442	1.4 CITY - S	1 - ZIP	DeRFISIA ROAL DIS 3	3440
TITLE	DELET	E 21301LE	l	The state of the s	Change Addition
NAME	•	2.2 NAME		V	
STREET ADDRESS	•	2.3 STREE1	1	,	
CITY-ST-ZIP	i_1 gen <u>e</u> t	2 4 CITY - 5	ST-ZIP		Change Addition
TITLE	C) perce	•			C. Cutange C. Magazion
NAME CYOCCE ADDOLOG		3.2 NAME 3.3 STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		3.4. CITY - 5			
TITLE	DELFT		21-211		Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY-ST-ZIP		4.4 City - S	T - ZIP		
TITLE	DELET	E 51 TILLE	T		Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET	ADDRESS		
CITY-S1-ZIP		5 4 C/TY - S	7-7IP		Change Addition
TITLE	DELET				Change Addition
NAME		62 NAME			
STREET ADDRESS		63 STREET	ADDRESS		1

64 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 acqual 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 in trustoe disposed to execute this report as required by Chapter 607, Elorida Statutes, and that my name appears in Block 13 if chapter 607 or on an all accurate my disposed to execute this report as required by Chapter 607, Elorida Statutes.