FILE NOW: FILING FEE AF R MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000096524 (0)

DOLFAN DENNY INC.

Principal	Piace	of	Business

Mailing Address

4300 S.W. 70TH TERRACE

4300 S.W. 70TH TERRACE

FILED Jun 16 1997 8:00am Secretary of State



DAV	NE FL 93314	4		DAVIE FL 33314-3122									
								3. Date Incorporated or Qualified 12/21/1995	3a. Date o		port		
2. 21	2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 65-0627670			lied For Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Ac						
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
	Zip		Country	Zip	-	ountry		8. This corporation has liability for i	ntangible tax	under s.			
24		A Name	25	29	30	7		Florida Statutes 10. Name and Address of New Rec		~			
9. Name and Address of Current Registered Agent						81	Name	10. Haine and Address of New Hegistered Agent					
	FARI	ra, Migue	L G				Hame						
2899 SOUTH BAYSHORE DRIVE MIAMI PL 33133					82	Street Add	Address (P.O. Box Number is Not Acceptable)						
	WINN	MI FE 0010											
						84	City		FL	S Zip Ci	ode		
44	Durgunnt t	to the provis	ions of Pastions 607 050	2 and 607 1508 Florida Statu	tac tha	abov.	namad.co	rooration submits this statement for the n		anging its	registered		
• • • •	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.												
SIG	NATURE	Signature, typed	for printed name of registered age:	nt and title if applicable (NO	TE: Registo	red Age	ent signature req	uired when reinstating)	DATE				
12.			OFFICERS AND		13	i		ADDITIONS/CHANGES TO OFFIC					
TITL	£	D		☐ DELETE	1.1	TITLE			L	Change	Addition		
NAM	1E	SYM, DE			1.2	NAME	ļ						
STRI	EET ADDRESS		v. 70th terrace		1.3	STREET	ADDRESS						
CITY	-ST-ZIP	DAVIE FL 33314		1.4	1.4 CITY-ST-ZIP								
TITL	E	D		DELETE	2.1	TITLE				Change	☐ Addition		
NAM	Œ į		ORMAN D		2.2	NAME							
STRI	EET ADDRESS		.W. 12TH DRIVE		2.3	STREET	ADDRESS						
CITY	-ST-ZIP	PLANTA	TION FL 33322			4 CITY-	ST-ZIP				T . 022		
TITL	E			☐ DELETE		TITLE			<u></u>	Change	☐ Addition		
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NAN	AE				4.	2 NAME							
STR	EET ADDRESS				4.3	STREET	ADDRESS						
	/-ST-2IP	, <u></u>				CITY-S	ST - ZIP			Observa	T Addition		
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\$TR	eet address						ADDRESS						
CITY	r-st-zip	<u> </u>		1 10 11 11	6.4	CITY-S		ad in Continu 110 07/3)/i). Elevide Statute	a I further or	etifu that th			

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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.