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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000018880 (0)

DENVERN, INC.

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

Principal Place	of Business	Mailing Address			I IDDIANDUA IND ROXINO BANA BOURA DORAN BOURA DANDA HABOA IDNO ROXAY IDNIA BOUN IDDI
5 WEST AVE. A BELLE GLADE F		5 WEST AVE. A Belle glade fl 33430-3015			:
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable
Suite, Apt #	, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State	├ ¬ ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Countri 30	ry	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCARTHY, DENNIS				1	Name
5 WEST AVE. A BELLE GLADE FL 33430			8:	2	Street Address (P.O. Box Number is Not Acceptable)
			8;	3	
			8-	4	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.					
StGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<u> </u>					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					

TITLE DELETE 21 TITLE Change Addition MCCARTHY, DENNIS 2.2 NAME NAMÉ 5 WEST AVE. A STREET ADDRESS 23 STREET ADDRESS **BELLE GLADE FL 33430** CITY - ST - ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 31 TITLE DEXTER, JEANNETTE 3.2 NAME NAME 5 WEST AVE. A 3.3 STREET ADDRESS STREET ADDRESS. **BELLE GLADE FL 33430** CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF TD MCCARTHY, KAREN 4. 2 NAME 5 WEST AVE. A 4.3 STREET ADDRESS STREET ADDRESS **BELLE GLADE FL 33430** 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5 4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. If 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.

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

SIGNATURE: LEANLETT C WILLE JOANNET C. DEXICK SCC. 4-20-97 54-96-350

CR2E034 (9/96)

Change

■ Addition

FILED

Apr 25 1997 8:00am

Secretary of State