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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038579

DENCO PROPERTIES (FLORIDA), INC.

## FILED May 28 1997 8:00am Secretary of State

Principal Place of Business Malling Address										
4990 South Tamiami Trail										
Sarasota, FL 34231							ļ			
·										
							3. Date Incorporated or Qualified	3a. Date of La	ast Report	
O Deinsinal	Diago at Diago		0- 14-11	A			May 1, 1996	1	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business			<del> </del>	2a. Mailing Address			4. FĒI Number	-	Applied For	
Suite, Apt. #, etc.				[26]			98-0162132	98-0162132   Not Applicable		
_	i. W. BIG.		├ <del></del> -	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
City & Sta	10			City & State					e Required	
23	ile		— ·	· — ·			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,		
Zip	— т	Country	28 Zin	Zip Country			Trust Fund Contribution			
24	25 29			30		,		B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
Od News										
John Braam										
		miami Trail			82	Street	Address (P.O. Box Number is Not Acceptab	e)		
Sarasota, FL 34231					83	ļ				
					63					
					84	City		85	Zip Code	
-14 6						L		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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE Flegistered Agent signature required to								DATE		
12.		OFFICERS AF	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	P/D		L	DELETE	1 1 TITLE			Char	nge 🔲 Addition	
NAME		L. Dennis			1.2 NAME					
STREET ADDRESS		edo Court				ADDRESS				
CITY-ST-ZIP	North	York, Ontari	o, Canada	M2M 4H6	1.4 CITY-S	t - ZiP				
TITLE	<b>8/</b> D			ĐELETË	21 TITLE			Char	nge 🔲 Addition	
NAME	Lisa R	. Dennis		22						
STREET ADDRESS	26 Lar	edo Court		23		ADDRESS				
CITY - ST - ZIP			o. Canada	Canada M2M 4H6 240					i	
TITLE	VP/D			☐ DELETE 3.1 T(1.				Char	ige Addition	
NAME		W. Dennis		3.2 No						
STREET ADDRESS		edo Court			3.3 STREET	ADDRESS				
CITY-ST-ZIP			a Camada	NON 4116	34 CITY-S	3 - 21P				
TITLE	VP/D	York,_Ontari	anaua	_MZM_4H6-	4.1 TITLE			Chan	ge Addition	
NAME		n S. Dennis	_		4. 2 NAME					
STREET ADDRESS		edo Court			4.3 STREET	22 IRONA				
CITY-ST-ZIP				MOM 4	4.3 STREET					
TITLE	NOTER	<u>York, Ontari</u>	o, canada	_M2M_4H6 _ DELETE	5.1 TITLE	ı · zır	A	Chan	ge Addition	
NAME					5.2 NAME		1 40	$u \sim c$	ac f"T Writinii	
						*DDD: 00	1	$\mathcal{F}_{\mathcal{A}}$	\	
STREET ADDRESS					5 8 STREET		<b>`</b>	7 J W		
CITY-ST-ZIP			<u> </u>	DELFTE	54 CITY - ST	· ZIP		<b>'</b>		
TITLE		i	, ,	יי אנינו <b>נ</b>	61 TITLE		30000220:		ge L Addition	
NAME		i	1		62 NAME		30000220: -06/06/970101:	3038	ļ	
STREET ADDRESS					63 STHEET	ADDRESS	***165.00	- tape tape tape		
CITY-ST-ZIP					6.4 CITY - ST					
		the information supple this annual cooling	od with this filing di supplemental anni	oes not qualify fo	or the exer	nption s	tated in Section 119.07(3)(i), Florida Statutes	I further certify t	hat the	
information indicated on this annual indicated 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 confortility is 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 flightly to or an attachment with an address.										
information indicated on this annual deposits 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 compositivity to 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 the body, for or an attachment with an address.										

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