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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081385 (2)

1. Corporation Name:
DENKON, INC.



Principal Place of Business: 6390 INDIANTOWN RD., SUITE 30 CHASEWOOD PL
C/O JUPITER LAW CENTER
JUPITER FL 33458

Mailing Address: 6390 INDIANTOWN RD., SUITE 30 CHASEWOOD PL
C/O JUPITER LAW CENTER
JUPITER FL 33458

2. Principal Place of Business:
21 105 EGRET DRIVE
Suite, Apt. #, etc.
22 City & State:
23 JUPITER - FLORIDA
Zip: 33458-8878 Country: US A

2a. Mailing Address:
26 1001 N. U.S. HIGHWAY ONE
Suite, Apt. #, etc.
27 Suite 600
City & State:
28 JUPITER, FLORIDA
Zip: 33477 Country: USA

3. Date Incorporated or Qualified: 09/30/1996
3a. Date of Last Report: 3/14/97
4. FEI Number: 65-0713634
5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent:
GUMSON, RICHARD P ESQ.
6390 INDIANTOWN RD., SUITE 30 CHASEWOOD PL
C/O JUPITER LAW CENTER
JUPITER FL 33458

10. Name and Address of New Registered Agent:
81 Name: SAMOUILIDIS KONSTANTINOS
82 Street Address (P.O. Box Number is Not Acceptable): 105 EGRET DRIVE
83
84 City: JUPITER FL 85 Zip Code: 33458-8878

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.

SIGNATURE: Konstantinos Samouilidis 3/14/97
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	COPELAND, DENISE L	1.2 NAME	
STREET ADDRESS	105 EGRET DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33458-8878	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	SAMOUILIDIS, KONSTANTINOS	2.2 NAME	
STREET ADDRESS	105 EGRET DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33458-8878	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

561 575 3480

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