

AMOUNT DUE ON OR BEFORE 10/15/99: \$550.00 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REGISTER: \$100.00)

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000078097 ✓

1. Corporation Name

DENNY PRINTING CORP.

Principal Place of Business
11625 NE 2ND AVE.
MIAMI FL 33161Mailing Address
17643 SW 5TH ST
PEMBROKE PINES FL 33029
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0779820

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD., STE. 205
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Samuel S. Rogatinsky

82 Street Address (P.O. Box Number is Not Acceptable)

7700 NW 37th Ave

83

84 City

Miami

FL

85 Zip Code

33147

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

5/19/99

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

HENGGE, DENNIS B

STREET ADDRESS

17643 SW 5TH ST

CITY-ST-ZIP

PEMBROKE PINES FL 33029

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin Rogatinsky

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90022 048 ***550.00



CR2E034 (5/99)