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Secretary of State

03-24-1999 90091 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000006540			
1. Corporation Name MARILYN R. DENNIS, INC.			
Principal Place of Business 770 VILLAGE LAKE TERR #105 ST PETERSBURG FL 33716		Mailing Address 770 VILLAGE LAKE TERR #105 ST PETERSBURG FL 33716	
2. Principal Place of Business 21 P.O. Box 5167 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 5167 Suite, Apt. #, etc.	
City & State 23 CLEARWATER, FL Zip Country 24 33758 25 USA		City & State 28 CLEARWATER, FL Zip Country 29 33758 30 USA	
9. Name and Address of Current Registered Agent DENNIS, MARILYN R 770 VILLAGE LAKE TERR #105 ST PETERSBURG FL 33716		10. Name and Address of New Registered Agent 81 Name DENNIS MARILYN R 82 Street Address (P.O. Box Number is Not Acceptable) 1754 LAKE CYPRESS DR 83 84 City SAFETY HARBOR FL 85 Zip Code 34695	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT/SECRETARY <input type="checkbox"/> DELETE NAME MARILYN R. DENNIS STREET ADDRESS 1754 LAKE CYPRESS DR CITY-ST-ZIP SAFETY HARBOR, FL 34695 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Marilyn R. Dennis, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 (727) 797-3635
 Date Daytime Phone

CR2E034 (11/98)