


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

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FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90050 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010691

1. Corporation Name
DENALI, INC.

Principal Place of Business 5745 SOUTHWEST 75TH STREET, #323 GAINESVILLE FL 33608	Mailing Address 5745 SOUTHWEST 75TH STREET, #323 GAINESVILLE FL 33608
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5214 S.W. 91st Dr.	2a. Mailing Address 26 5214 S.W. 91st Dr.
22 Suite, Apt. #, etc. Suite # A	27 Suite, Apt. #, etc. Suite A
23 City & State Gainesville, FL	28 City & State Gainesville FL
24 Zip 32608 Country USA	29 Zip 32608 Country USA

3. Date Incorporated or Qualified
01/29/1998

4. FEI Number
59-349-0820

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 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.

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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLUE, DONALD A
STREET ADDRESS	5745 SOUTHWEST 75TH STREET, #323
CITY-ST-ZIP	GAINESVILLE FL 33608
TITLE	D <input type="checkbox"/> DELETE
NAME	DICKERT, PAUL A
STREET ADDRESS	5745 SOUTHWEST 75TH STREET, #323
CITY-ST-ZIP	GAINESVILLE FL 33608
TITLE	D <input type="checkbox"/> DELETE
NAME	DICKERT, MARK A
STREET ADDRESS	5745 SOUTHWEST 75TH STREET, 3323
CITY-ST-ZIP	GAINESVILLE FL 33608
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLUE, NOLAN
STREET ADDRESS	5745 SOUTHWEST 75TH STREET, #323
CITY-ST-ZIP	GAINESVILLE FL 33608
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dickert, Paul W. Esq
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK R. DICKERT
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: _____ DATE: **1/18/99** 352-379-0444
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/198)