1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000095979 1. Corporation Name

DENIRO'S, INC.

Principal Place of Business

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90024 021 \*\*\*150.00



537 EAST PARK AVENUE TALLAHASSEE FL 32301		537 EAST PARK AVENUE TALLAHASSEE FL 32301				
TALLATINOOLL	E 02001	TALD WANDOLL TE DESCRI			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					11/10/1998	l l
2. Principal Place of Business 2a. Mailing Address				<del></del>	4. FEI Number. Applied Fo	r
					59-3098096 Not Applica	able
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					\$8.75 Additiona	
					5. Certifcate of Status Desired Fee Required	1
22 27 City & State City & State						-
<u> </u>					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
23		28				$\dashv$
Zip	Country Zip Cou			ıry	8. This corporation owes the current year Intangible	
24	25 29 30				1 ersonal i toporty rux.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			1	Name		
underwood, robert L				32 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
537 EAST PARK AVENUE				OllockA	bullous (1.0. box Hambor to Heer teespeake)	
TALLAHASSEE FL 32301				33		$\neg$
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			1	B4 City	FL 85 Zip Code	
					· -   -	- A
11. Pursuant t	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes of Florida, Such change was auf	s, the abi	ove-named co	orporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	1
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statut	es.	, , , , ,	
-	· · · · · ·					- 1
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent signature requ	quired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	D	☐ DELETE 11 TI		E	☐ Change ☐ Ac	dition
NAME	•		12 NAN	Æ		
	CONTRACTOR OF THE PROPERTY AND A SECOND PROP			EET ADDRESS		
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NAME			5.2 NA	ļ		
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STREET ADDRESS)				Y-ST-ZIP		
CITY-ST-ZIP	1	/ ) /	0.4 (-1)	1-01-W		

14. I hereby certify that the information supplied with this filips 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 supplieriental 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 of mustee 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: