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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # \$87390

(8)

DENCO ASSOCIATES, INC.

A SERIO AGGORITES ING											
Principal Place of Business		Mailing Add	Mailing Address								
823 N THORNTON AVE SUITE A ORIANDO FL 32803		823 N THORI SUITE A	823 N THORNTON AVE								
							3. Date Incorporated or Qualified 3a. Date of Last Report			port	
2. Principal Place of Business 2a. Maili			niling Address				10/14/1991 07/17/1996 4. FEI Number Applied For				
21 - Frincipal F	Tace of Dosiness	 	2a. Mailing Address								
Sufte, Apt.	#. etc.	26 Suite. An	Suite, Apt. #, etc.				59-3088337			dditiona!	
22	., •		27				5. Certificate of Status Desired	1 1 7 7	ee Red		
City & Stat	e		City & State				6. Election Campaign Financing	\$!	5.00	May Be	
23		28	28				Trust Fund Contribution		dded to		
Zip	Country	Zip					8. This corporation has liability for Intangible tax under s. 199.032,				
24	25					i	Florida Statutes X Yes No				
i et	9. Name and Address of Curr	ent Registered Age	int				10. Name and Address of New Reg	stered Agent			
	DIS, RICHARD			81	Name	е	•				
	N THORNTON AVE			82	Stree	t Addres	iress (P.O. Box Number is Not Acceptable)				
SUN										1	
	ANDO FL 32803			83							
· #				84	City			FL 85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					above-named corporation submits this statement for the purpose of changing					registered	
office or n	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such of ipations of Section (change was au 607.0505. Flor	uthorized b rida Statute	y the co s.	rporation	n's board of directors. I hereby accep	t the appointme	int as r	egistered	
SIGNATURE		• • • • • • • • • • • • • • • • • • • •									
	Signature, typod or printed name of registered a		(NOTE		ent signatu	re required	when reinstating)	DATE			
12.		ND DIRECTORS	Tarira	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	D mana management	L.] DELETE	1.1 TOLE				L_J Ch	ange	Addition	
NAME				1.2 NAME							
STREET ADDRESS	P. O. BOX 163221 N/A			4	i address	• [1	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		DELETE	1.4 CiTY -	S1-ZIP			☐ Ch	2000	L Addition	
TITLE		L.	ין מנננונ	2.1 TITLE 2.2 NAME					ange	L AUURIURI	
STREET ADDRESS					t address	.					
				2.3 STREE		'					
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	51 · 71r	+		☐ Ch	anne	Addition	
NAME		_		3.2 NAME		1					
STREET ADDRESS	•		1	3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. C(1)Y							
TITLE			DELETE	4.1 THLE		1		☐ Ch	ange	☐ Addition	
NAME				4. 2 NAME						1	
STREET ADDRESS					1 ADDRESS						
CITY-ST-ZIP				4.4 CITY-	ST-ZIP						
TITLE			DELETE	5.1 THUE				Ch	ange	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	I ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			5.4 CITY-	ST-ZIP						
TITLE	·		DELETE	6.1 THE				☐ Ch	ange	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	i address						

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), Fiorida Statutes. I further certify that the information indicated on this annual report is frue 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 phowered 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 attackment with an address.