

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45621 (2)

1. Corporation Name

DENISON FINANCIAL SERVICES, INC.

Principal Place of Business

6433 LEMON TREE LN
MIAMI LAKES, FL 33014
US

Mailing Address

6433 LEMON TREE LN
MIAMI LAKES, FL 33014
US



Doris Denison
7151 Miami Lakes Dr. Apt. P35
Hialeah, FL 33014-6936

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
03/17/1995

4. FEI Number

65-0343171

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7151 Miami Lakes Dr. P-35
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hialeah FL

28 Hialeah FL

24 33014

Country

29 33014

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENISON, DORIS
7850 N.W. 146 ST., #427
MIAMI LAKES FL 33016

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent's name must be typed when registration is required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DENISON, DORIS
STREET ADDRESS 6433 LEMON TREE LANE
CITY-ST-ZIP MIAMI LAKES FL

TITLE D
NAME DENISON, WILLIAM PATRICK
STREET ADDRESS 6223 S.W. 20 ST.
CITY-ST-ZIP MIRAMAR FL

TITLE D
NAME DENISON, LORI W.
STREET ADDRESS 6223 S.W. 20 ST.
CITY-ST-ZIP MIRAMAR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1996 305-822-3378

CR2E034 (12/95)