

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT #** ✓ 59166 (1)  
1. Corporation Name: DENNIS INVESTMENTS (FLORIDA), INC.

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

2. Principal Place of Business: 5430 REALLES POINT CIRCLE  
2a. Mailing Address: 5430 REALLES POINT CIRCLE  
21. Suite, Apt. #, etc.: 403  
26. Suite, Apt. #, etc.: 403  
22. City & State: SARASOTA FLA  
27. City & State: SARASOTA, FLA  
23. Zip: 34231 Country: USA  
28. Zip: 34231 Country: USA  
24. Zip: 34231 Country: USA  
29. Zip: 34231 Country: USA  
30. Zip: 34231 Country: USA

3. Date Incorporation or Organization: 08/21/1992  
3a. Date of Last Report: 1995  
4. FEI Number: 65-0352075  
5. Certificate of Status Designation: ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 193.042 Florida Statutes: ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BRAAM, JOHN  
1404 N. LAKESHORE DRIVE  
SARASOTA FLORIDA 34231

**10. Name and Address of New Registered Agent**

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation certifies its statement for the purpose of changing its registered agent and am familiar with and accept the duties of Sect. 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

| TITLE                             | NAME                       | STREET ADDRESS        | CITY, ST, ZIP              |
|-----------------------------------|----------------------------|-----------------------|----------------------------|
| <input type="checkbox"/> OFFICER  | <u>P. DENNIS, CAROLYN</u>  | <u>26 LARDO COURT</u> | <u>NORTH YORK, ONTARIO</u> |
| <input type="checkbox"/> DIRECTOR | <u>VST DENNIS, JAMES W</u> | <u>26 LARDO COURT</u> | <u>NORTH YORK, ONTARIO</u> |
| <input type="checkbox"/> DIRECTOR | <u>V DENNIS, JAMES L</u>   | <u>26 LARDO COURT</u> | <u>NORTH YORK, ONTARIO</u> |
| <input type="checkbox"/> OFFICER  | _____                      | _____                 | _____                      |
| <input type="checkbox"/> DIRECTOR | _____                      | _____                 | _____                      |
| <input type="checkbox"/> OFFICER  | _____                      | _____                 | _____                      |
| <input type="checkbox"/> DIRECTOR | _____                      | _____                 | _____                      |
| <input type="checkbox"/> OFFICER  | _____                      | _____                 | _____                      |
| <input type="checkbox"/> DIRECTOR | _____                      | _____                 | _____                      |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| TITLE                             | NAME  | STREET ADDRESS | CITY, ST, ZIP |
|-----------------------------------|-------|----------------|---------------|
| <input type="checkbox"/> OFFICER  | _____ | _____          | _____         |
| <input type="checkbox"/> DIRECTOR | _____ | _____          | _____         |
| <input type="checkbox"/> OFFICER  | _____ | _____          | _____         |
| <input type="checkbox"/> DIRECTOR | _____ | _____          | _____         |
| <input type="checkbox"/> OFFICER  | _____ | _____          | _____         |
| <input type="checkbox"/> DIRECTOR | _____ | _____          | _____         |
| <input type="checkbox"/> OFFICER  | _____ | _____          | _____         |
| <input type="checkbox"/> DIRECTOR | _____ | _____          | _____         |
| <input type="checkbox"/> OFFICER  | _____ | _____          | _____         |
| <input type="checkbox"/> DIRECTOR | _____ | _____          | _____         |

**200001871962**  
**-06/21/96--01113--022**  
**\*\*\*\$75.00**

14. I do hereby certify that the information supplied in this report is true and correct. I am a resident of the State of Florida and am familiar with and accept the duties of Sect. 607.0505, Florida Statutes.  
**SIGNATURE:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JUNE 1996 416-749-7778

CP2E034 (3/96)