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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V59166

(1)

DENNIS INVESTMENTS (FLORIDA), INC.

FILED									
Feb 03 1997 8:00am									
Secretary of State									

Principal Plac	e of Business	Mailing Address				f fållis Althat firita iftigt fitten firit firit firit ainte binte binte bente bente bente tente tone.			
5430 EAGLES	POINT CIR.	*	5430 EAGLES POINT CIR. 403 SARASOTA FL 34231-9130						
403 Sarasota Fl	34231								
ONNASOTA (E	VIEVI					3. Date Incorporated or Qualified 08/21/1992		of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 77,0		plied For
21		26			65-0352075 Not Applicable				
Suite, Apt	#, etc	Suite, Apt. #, etc.	······································				П	\$8.75	Additional
22		27			5. Certificate of Status Desired Fee Required				
City & Stat	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip		untry	1	This corporation has liability for			. 199.032,
24	25	29	30				Yes 🗌		
}	9. Name and Address of Curr	ent Registered Agent		81	1 11	10. Name and Address of New Re	gistered Ag	jent	<del></del>
	AM, JOHN			61	Name				
	N LAKESHORE DR			82 Street Address (P.O. Box Number is Not Acceptable)					
SAR	ASOTA FL 34231			83		<del>, , , , , , , , , , , , , , , , , , , </del>			
				53					
				В4	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the	abov	e-named cor	poration submits this statement for the	ourpose of c	hanging it	s registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change w roahons of: Section 607.0505	as authoriz 5. Florida St	eo b atute	y the corpora s.	tion's board of directors. I hereby acce	pt the appoi	ntment as	registerea
SIGNATURE	•								
SIGNATURE.	Signature, typical or printed name of registered a	agont and title if applicable	(NOT£ Register	ed Ag	ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	DELETE	1.1	TITLE			L	Change	Addition
NAME	DENNIS, CAROLYN		1.2	NAME					
STREET ADORESS	26 LAREDO CT		1.3	STREE	ADDRESS				
CITY-ST-ZIP	NORTH YORK, ONTARIO CA			CITY - S	ST-ZIP				
TITLE	VST	☐ DELETE	2.1	TITLE			Ţ	Change	Addition
NAME	DENNIS, JAMES W		2.2	NAME					
STREET ADDRESS	26 LAREDO CT		2.3	STREE	T ADDRESS				
CITY-ST-ZIP	NORTH YORK, ONTARIO CA			CITY-	ST-ZIP				
TITLE	V	☐ DELETE	3.1	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	DENNIS, JAMES L		3.2	NAME	1				
STREET ADDRESS	26 LAREDO CT		3.3	STREE	T ADDRESS				
CITY-ST-ZIP	NORTH YORK, ONTARIO CA		*****	CITY-	ST - ZIP				
TITLE		☐ DELETE	4.1	TITLE			L	Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP			4.4	CITY-	ST-ZIP				
TITLE		DELETE	5.1	TITLE				Change	Addition

14. I do hereby certify that the information supplied with this filling 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 of Jupplemental 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 of 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 challenge, or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

1ITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7#

775

Change

\_\_\_ Addition