

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856097** (1)

1. Corporation Name
DUTEX MANAGEMENT CORP.



Principal Place of Business: % PHILIP J. DAVIS, 100 INGALLS DR, PENSACOLA FL 32506
Mailing Address: % PHILIP J. DAVIS, 100 INGALLS DR, PENSACOLA FL 32506

21	2a	21	2a
22	26	22	26
23	27	23	27
24	28	24	28
25	29	25	29
26	30	26	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1983	03/02/1995
4. FEI Number	Applied For
59-2996975	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, PHILIP J 100 INGALLS DR PENSACOLA FL 32506		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTURIER, ETIENNE	1.2 NAME	
STREET ADDRESS	13 RUE JOSEPH PASQUIER	1.3 STREET ADDRESS	
CITY-ST-ZIP	1211 GENEVE	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOULOUIS, NICOLAS	2.2 NAME	
STREET ADDRESS	5 AV. RODIN, 75016	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNIER, JEAN	3.2 NAME	
STREET ADDRESS	16 RUE CRESPIEN 1206	3.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVE	3.4 CITY-ST-ZIP	
TITLE	POA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PHILIP J	4.2 NAME	
STREET ADDRESS	100 INGALLS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *Philip J. Davis* PHILIP J. DAVIS 1/17/96 (904)455-5360

CR2E034 (12/95)