FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Mar 14 1997 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # F9600003298 (4) **DURACON INC** Principal Place of Business Mailing Address 606 CYPRESS AVE. 608 CYPRESS AVE. VENICE FL 34292-2605 VENICE FL 34292 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2944097 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEŁDYCKI, WOJCIECH 936 RIVIERA ST. 82 Street Address (P.O. Box Number is Not Accoptable) VENICE FL 39285 83 84 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 regist agent. I am familiar with, and appoint the objections of Section 607.0505, Florida Statutes. PRESTOT SIGNATURE 12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PDC DELETE Change Addition TITLE 111011 BELDYCKI, WOJCIECH NAME 1.2 NAMI CR2E034 936 RIVIERA ST. STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 39285 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 211011 BELDYCKI, BARBARA 2.2 NAMI 936 RIVIERA ST. STREET ADDRESS 2.3 STREET ADDRESS **VENICE FL 39285** CITY-ST-ZIP 2 4 CITY - ST - 7(P DELETE Change ___ Addition 3 1 1 I I I I F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY ST-7IP DELETE 4.1 TiTLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 1111.6 5.2 NAM3 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2(P DELETE Change Addition TITLE 6.1 11111

6.2 NAME

6.3 STREET ADDRESS

6.4 Cd y - \$1 - Zd

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). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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. RFI DUIVI

NAME

STREET ADDRESS

CITY-ST-ZIP

now 10 1097

961-606-6165