

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

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000055949 (7)

1. Corporation Name
DUKE, MULLIN & GALLOWAY, P.A.



Principal Place of Business
1601 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33305

Mailing Address
1601 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33305-3531

3. Date Incorporated or Qualified
06/28/1996

3a. Date of Last Report

4. FEI Number
65-0674565

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
 21. **1700 E. Las Olas Blvd.**
 22. Suite, Apt. #, etc. **PH-2**
 23. City & State **Ft. Lauderdale, FL**
 24. Zip **33301** Country **Broward**

2a. Mailing Address
 26. **1700 E. Las Olas Blvd.**
 27. Suite, Apt. #, etc. **PH-2**
 28. City & State **Ft. Lauderdale, FL**
 29. Zip **33301** Country **BROWARD**

9. Name and Address of Current Registered Agent
GALLOWAY, AMY J
1601 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent
 81. Name **Amy J. Galloway**
 82. Street Address (P.O. Box Number is Not Acceptable)
1700 E. Las Olas Blvd.; PH-2
 83.
 84. City **Ft. Lauderdale** FL 85. Zip Code **33301**

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 *Amy J. Galloway* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Amy J. Galloway
STREET ADDRESS		1.3 STREET ADDRESS	2501 NE 35 DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/T John M. Mullin
STREET ADDRESS		2.3 STREET ADDRESS	9860 SW 2nd St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP Davis W. Duke, Jr.
STREET ADDRESS		3.3 STREET ADDRESS	1601 Middle River Drive, #
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119 D7(3)(i), Florida Statutes. I further certify that the information included 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: *Amy J. Galloway* Date: **March 20/1997** Daytime Phone #: **954 761-7200**

CR2E034 (9/96)