

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055949 (7)
 1. Corporation Name
DUKE, MULLIN & GALLOWAY, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE FL 33301 US	Mailing Address 1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE FL 33301 US
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3. Date Incorporated or Qualified
06/28/1996

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
65-0674565

Applied For
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GALLOWAY, AMY J
 1700 E. LAS OLAS BLVD
 PH #1
 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, AMY J	1.2 NAME	
STREET ADDRESS	2501 NE 35 DRIVE	1.3 STREET ADDRESS	1700 E. LAS OLAS BLVD., PH-1
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, JOHN M	2.2 NAME	
STREET ADDRESS	9860 SE 2ND ST	2.3 STREET ADDRESS	1700 E. LAS OLAS BLVD., PH-1
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, DAVIS W JR.	3.2 NAME	
STREET ADDRESS	1601 MIDDLE RIVER DR	3.3 STREET ADDRESS	1700 E. LAS OLAS BLVD., PH-1
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
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 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 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: *[Handwritten Signature]* **3-24-98 954-761-7200**

CR2E034 (10/97)