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Jan 21 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 # P96000062261 (8)

1. Corporation Name
THE DUET RITE SISTERS, INC.



Principal Place of Business: 817 93RD AVENUE NORTH NAPLES FL 34108
Mailing Address: 817 93RD AVENUE NORTH NAPLES FL 34108-2442

3. Date Incorporated or Qualified: 07/22/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0686109
Applied For: [Blank] / 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: [] Yes [X] No

2. Principal Place of Business: 21 [Blank] Suite, Apt. #, etc. 22 [Blank] City & State 23 [Blank] Zip 24 [Blank] Country
2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc. 27 [Blank] City & State 28 [Blank] Zip 29 [Blank] Country 30 [Blank] Country

9. Name and Address of Current Registered Agent
SINBACK, PETRITA POSADA
4532 TAMiami TRAIL EAST, SUITE 403
NAPLES FL 34112

10. Name and Address of New Registered Agent
81 Name [Blank]
82 Street Address (P.O. Box Number is Not Acceptable) [Blank]
83 [Blank]
84 City [Blank] 85 Zip Code [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE: PRESIDENT [] DELETE
NAME: DORCAS A. SAUPE
STREET ADDRESS: 817 93RD AVE. N
CITY-ST-ZIP: NAPLES, FL. 34108
[Blank rows for other officers]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME [Blank]
1.3 STREET ADDRESS [Blank]
1.4 CITY-ST-ZIP [Blank]
[Blank rows for other additions]

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 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: [Signature of Dorcas A. Saupp]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: [Blank] Daytime Phone #: [Blank]

CR2E034 (9/96)