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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 338897

(2)

DUFFY AND LEE COMPANY

Principal Place of Business Mailing Address
3351 SW 13TH AVENUE 3351 SW 13TH AVENUE

FILED Feb 21 1997 8:00am Secretary of State



FT. LAUDERDA	LE FL 33315	FT. LAUDERDALE FL 33315-2859									
						3.	Date Incorporated or Qualifie 12/13/1968		ate of L /13/19		3port
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26					59-1226442			No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				\$8.75 Additional Fee Required	
City & State	в	City & State				6.	Election Campaign Financing Trust Fund Contribution				May Be o Fees
Zip	Country	Zıp	Count	ry		8.	This corporation has liability t			der s.	199.032,
24	25 9. Name and Address of Curren	29 30	0[1	Florida Statutes Name and Address of New*	Yes Pegletered			
AMA	MI CORPORATE SYSTEMS, INC.		8	1	Name		Intille and Witness of these	Leadiste, ea	- Molin		
	D BLUE LAGOON DRIVE, THE W		L					·····			
	MI FL 33126	ATERI ORD	8	2	Street Addre	ess (P	P.O. Box Number is Not Accep	table)		<u>.</u>	
			8	3							
			8	4	City			FL	85	Zip (ode
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida, Such change was suff	the abo	we hv	named corporati	oratio	on submits this statement for the	e purpose o	of chang	ging It	s registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Florio	da Statut	es.	the corporati	0		oopt the op	PO#15#14		109.010.00
SIGNATURE	Signature: typed or printed name of registered age	and and title if applicable. (NOTE: R	Registered A	gen	niuper evulengia fr	ed when	reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			/	ADDITIONS/CHANGES TO OF	FICERS AN			S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				•		CI	ange	Addition
NAME	DUFFY, EDITH A	;	1.2 NAMI	E	ŀ						
STREET ADDRESS	3351 SW 13TH AVENUE		1.3 STRE	ET A	ADDRESS		· ·				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY	-\$1	- ZIP						
TITLE	VPD	DELETE	2.1 TITLE	E.					C	nange	Addition
NAME	DUFFY, BARBARA M.		2.2 NAMI	E							
STREET ADDRESS	3351 SW 13TH AVENUE		2.3 STRE	ET #	ADDRESS						
CITY - ST - ZIP	FT. LAUDERDALE FL		2. 4 CITY	/- S1	r-21P						
TITLE	STD	☐ DELETE	3.1 TITLE						CI	agnar	Addition
NAME	GRANT, WALTER M.		3.2 NAM	E	-						
STREET ADDRESS	3351 SW 13TH AVENUE	}	33 STRE	ET A	address						
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY	/- ST	(- Z)P						
THILE		DELETE	4.1 TITLE	E					L C	hange	Additio
NAME			4. 2 NAM	Æ							
STREET ADORESS			4.3 STRE	ET A	address						
CHY-ST-ZIP			4.4 CITY	-\$1	- ZIP						
TITLE		☐ DELETE	5.1 TITLE	E	.				CI	hange	Addition
NAME			5.2 NAM	E	ļ						
STREET ADDRESS			5.3 STRE	ET A	ADDRESS		•				
CITY - ST - ZIP			5.4 CITY	-ST	- ZIP						
TITLE		☐ DELETE	6.1 TITLE	E					C	hange	Addition
NAME	·		6.2 NAM	IE.							
STREET ADDRESS			6.3 STRE	ET A	address						
CITY-ST-ZIP			6.4 CITY	- \$ T	J-ZIP						

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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED I

MING OFFICER OR DIRECTOR

DWFREY Z/1

600-158

aytime Phone #