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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90075 006 ***158.75

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DOCUMENT # 338897

DUFFY AND LEE COMPANY

									831 81813 1885
Principal Place of Business Mailing Address									
3351 SW 13TH AVENUE 3351 SW 13TH AVENUE									
FT. LAUDERDAI	E FL 33315	FT. LAUDERDALE FL 33315				DO NOT WRITE IN T	HIS SPACE	:	
						3. Date Incorporated or Qualifed			
						12/13/1968			ł
		2. Mailing Address	niling Addrose			4. FEI Number Applied For			
2. Principal Pi	ace of Business	2a. Mailing Address					}-		Applicable
21		26				59-1226442	<u>¢o</u>		dditional -
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		e Req	
22		27				 			 1
City & State	е	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		lded to	rees
Zip	Country	Zip	Countri	/		8. This corporation owes the current year	1 1		
24	25	\	30			Personal Property Tax.	Yes	· _ L	□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registe	red Agent		
	# 0000001T 0V0TENO INO		81	' '	Name	•			
MIAMI CORPORATE SYSTEMS, INC.					Street Addre	ess (P.O. Box Number is Not Acceptable)			
5200 BLUE LAGOON DRIVE, THE WATERFORD									
MIAN	AI FL 33126		83	•					
				1			Test	Zip C	
			84	4	City		FL 85	Zip Ci	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was auti	norized by	/ the	e corporation	oration submits this statement for the purposin's board of directors. I hereby accept the a	ppointment	as reg	istered
SIGNATURE									[
	Signature, typed or printed name of registered age			nt sig	gnature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		CTO	20 IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Ch:		Addition
TITLE	PD	☐ DELETE	1.1 TITLE				□	ı.ıgo	C21.40000
NAME	DUFFY, EDITH A		1.2 NAME		j				
STREET ADDRESS	3351 SW 13TH AVENUE		1.3 STREE	TAD	ODRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZI	IP				
TITLE	VPD	☐ DELETE	2.1 TITLE				□ Ch	ange	Addition
NAME	DUFFY, BARBARA M.		2.2 NAME						
STREET ADDRESS	3351 SW 13TH AVENUE		2.3 STREE	T AD	ODRESS	عميان ا		·	
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-	ST-Z	ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE				Ch:	ange	☐ Addition
NAME	GRANT, WALTER M.		3.2 NAME						ſ
STREET ADDRESS	3351 SW 13TH AVENUE		3.3 STREE	ΕΤ ΑΠ	DDRESS				}
	FT. LAUDERDALE FL		3.4. CITY-						
CITY-ST-ZIP	II. LAUDENDALL IL	☐ DELETE	4.1 TITLE	J1-2			[] Ch	ange	Addition
		<u></u>	4, 2 NAME	;	j		. —		
NAME					DODESC				
STREET ADDRESS			4.3 STREE		-				
CITY-ST-ZIP_	<u></u>	TI DOLETE	4.4 CITY-		<u>/IP</u>	`	Ch	ange	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			· , · , ·	U	,95	
NAME					DODE 00				
STREET ADDRESS			5.3 STREE			•			
CITY-ST-ZIP			5.4 CITY-	ST-Z	₫P				
TITLE		☐ DELETE	6.1 TITLE		Ì		Ch	ange	☐ Addition
NAME	1		6.2 NAME						
STREET ADDRESS	}		6.3 STRE	ET AC	DORESS				}
OTT OT TO			6.4 CITY-	ST-Z	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. To an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #