FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 557784 (6)

1. Corporation Name

DUFFEY & DUFFEY, CHARTERED ATTORNEYS

Principal Place of Business
240 W. PALMETTO PARK RD.
BOCA RATON FL 33432

Mailing Address
240 W. PALMETTO PARK RD.
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 01/17/1995
4. FEI Number: 59-2014698 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 7601 N. FEDERAL HWY.
Suite, Apt. #, etc.
22 SUITE 200 A
City & State
23 BOCA RATON, FL
Zip
24 33487
Country
25 PALM BCH

2a. Mailing Address
26 7601 N. FEDERAL HWY.
Suite, Apt. #, etc.
27 SUITE 200 A
City & State
28 BOCA RATON, FL
Zip
29 33487
Country
30 PALM BCH

9. Name and Address of Current Registered Agent

DUFFEY, CLAUDIA
~~240 W PALMETTO PARK RD~~ SUITE 200 A 7601 N. FEDERAL HWY.
BOCA RATON, FL
~~33432~~ 33487

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 607.1503, 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] DATE 5-16-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DUFFEY, CLAUDIA	
STREET ADDRESS	240 W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7601 N. FEDERAL HWY. SUITE 200A	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] CLAUDIA DUFFEY, PRES. 5-16-96 407-997-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)