

**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 # 624525 (2)**  
1. Corporation Name  
**DUKE & CO., INC.**



Principal Place of Business: **909 THIRD AVENUE, 7TH FLOOR, NEW YORK NY 10022 US**  
Mailing Address: **909 THIRD AVENUE, 7TH FLOOR, NEW YORK NY 10022 US**

3. Date Incorporated or Qualified: **06/29/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1920782**  
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 (21-24)  
2a. Mailing Address (25-28)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent: **PARALEGAL & ATTORNEY SERVICE BUREAU, INC., 1406 HAYS STREET, SUITE 2, TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WANG, VICTOR	
STREET ADDRESS	909 THIRD AVENUE, 7TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALER, GREGG	
STREET ADDRESS	909 THIRD AVENUE, 7TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROD, MICHAEL	
STREET ADDRESS	909 THIRD AVENUE, 7TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**600001728886**  
**-03/01/96--01021--011**  
**\*\*\*233.75**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)

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2-29-96