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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624525

1. Corporation Name
DUKE & CO., INC.

 $\overline{(2)}$ 

**FILED** Jul 23 1997 8:00am Secretary of State



Principal Plac 909 THIRD AV 7TH FLOOR NEW YORK N US	PENUE	Mailing Address 909 THIRD AVENUE 7TH FLOOR NEW YORK NY 10022-4731 US	l			3. Date Incorporated or Qualified
Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For 59-1920782 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zıp	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No
24	9. Name and Address of Curr		30]			10, Name and Address of New Registered Agent
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.				81	Name	
	6 HAYS STREET, SUITE 2	·	-	82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)
TAL	Lahassee FL 32301			02	Street Addre	ess (F.O. box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
Pursuant to the provisions of Section 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    Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WANG, VICTOR	☐ DELETE	1.1 101			Change Addition
NAME	909 THIRD AVENUE, 7TH F	LOOR	1.2 NA		ADDRES\$	
STREET ADDRESS City-ST-Zip	NEW YORK NY		1.4 CIT		L.	
TITLE	PD DELETE			2.1 TITLE		Change Addition
NAME	THALER, GREGG		2.2 NA	ME		
STREET ADDRESS	909 THIRD AVENUE, 7TH FI	LOOR	2.3 STI	REET	ADDRESS	
CITY - ST - ZIP	NEW YORK NY		2. 4 CI		iT - ZIP	
TITLE			3.1 TIT			Change Addition
NAME CTOSET ANDRESS			3.2 NA		ADDRESS	
STREET ADDRESS CITY-ST-ZIP						<b>y</b>
TITLE			_	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NA	AME		
STREET ADDRESS			4.3 STI	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT		T-ZIP	FIA. FI
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NA		4000500	
STREET ADDRESS					ADDRESS	,
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		1-ZIP	Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
OUTH OT TIP					T 7(D	

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 conformation in 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 manager, of on an attachment with an address.