

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 # **686535** (6)

1. Corporation Name

**MAURICE/DUNCAN, INC.**

Principal Place of Business

**2840 NE 7TH AVENUE  
POMPANO BEACH FL 33064**

Mailing Address

**2840 NE 7TH AVENUE  
POMPANO BEACH FL 33064**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**HILL, MAURICE D.  
8130 S.W. 3RD PLACE  
NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified

**09/04/1980**

3a. Date of Last Report

**04/03/1995**

4. FEI Number

**59-2031311**

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

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 607.1508, 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 fee, if applicable

(NOTE: Registered Agent signature required when not changing)

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTC  
HILL, MAURICE D  
8130 SW 3RD PLACE  
N LAUDERDALE, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
HILL, KATHLEEN C  
8130 SW 3RD PLACE  
N LAUDERDALE, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

*Kathleen Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

954 782 0748

Date

Daytime Phone #

CR2E034 (12/95)