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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 686535

(6)

MAURICE/DUNCAN, INC.

STREET ACIDRESS

CITY - \$1 - ZIP

Principal Place of Business  2840 NE 7TH AVENUE POMPANO BEACH FL 33064  2. Principal Place of Business 21 Suito, Apt. #, etc 22 City & State 23		2840 POMP/ 2a. M. 26 Su 27 Ci	Suite Apt. #, etc.				3a. Date Incorporated or Qualified 09/04/1980 04/03/1996  4. FEI Number 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			
Zip	Country	Zı	Zip Cou				8. This corporation has liability for	ation has liability for intangible tax under s. 199.032, utes 🔀 Yes 🛄 No		
24	25		29 30		<del></del>	Florida Statutes  10. Name and Address of N				
9. Name and Address of Current Registered Agent HILL, MAURICE D. 8130 S.W. 3RD PLACE NORTH LAUDERDALE FL 33068					81 82 83 84	Name Street Ad City	ress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code			
office or re agent. Lai SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signam, bleed or purbet raineethegsteed ag OFFICERS AN	of Florida ations of S entanthe tap	Such change was action 607.0505, F	authorize Iorida Sta	d by tutes	the corpor s.	progration submits this statement for the pration's board of directors. I hereby acceptived when renstating?  ADDITIONS/CHANGES TO OFFIC	DATE	onument as	RS IN 12
TULF	PTC		DELETE	117	ITLE				☐ Change	Addition
NAME STREET ADDRESS	HILL, MAURICE D 8130 SW 3RD PLACE			1.2 N 1.3 S		ADDRESS				
CITY - \$1 - ZIP	N LAUDERDALE, FL 00000			1.4 0	ITY-S	ST-ZIP			·	
TITLE	VSD		☐ DELETE	217	ITLE				Change	Addition
NAME	HILL, KATHLEEN C			2.2 N						
STREET ADDRESS	8130 SW 3RD PLACE N LAUDERDALE, FL 00000					ADDRESS				
CITY-ST-7IP	IT LAUDENDALE, I'L VOOO		DELETE	2. 4 t		ST-ZIP			Change	Addition
TITLE NAME			percit	3.1 N						
STREET ADDRESS						AUDRESS				
City - S* - ZIP						ST - ZiP				
TITLE			DELETE	4.1 T					Change	Addition
NAME				4.21	NAME					
STREET ADORESS				4.3 S	TREET	ADDRESS				
CITY-ST ZIF						ST-ZIP				
TITLE			DELETE	5.1 T					Change	Addition
NAME				52N	AME					
STREET ADDRESS				5.3 \$	TREET	T ADDRESS				
CITY ST-70				540	)†Y-9	ST-ZIP				· • • • • • • • • • • • • • • • • • • •
îlîLê			DELETE	617	ITLE		•		Change	Addition
				1	IA LAT	i				

6 4 CITY-ST-ZIP

14. I do hereby cert fy that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 ham 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 chapted, or on an attachment with an address.

**FILED** 

Jan 24 1997 8:00am

Secretary of State

- 3 FORMER CREAT FROM COME COME COME COME CARE COME COME COME CARE CARE CARE CARE CARE