

**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 # **856097** (1)

1. Corporation Name  
**DUTEX MANAGEMENT CORP.**



Principal Place of Business: % PHILIP J. DAVIS, 100 INGALLS DR, PENSACOLA FL 32506  
Mailing Address: % PHILIP J. DAVIS, 100 INGALLS DR, PENSACOLA FL 32506

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/12/1983  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-2996975  
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

9. Name and Address of Current Registered Agent: DAVIS, PHILIP J, 100 INGALLS DR, PENSACOLA FL 32506

10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, and 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COUTURIER, ETIENNE	
STREET ADDRESS	13 RUE JOSEPH PASQUIER	
CITY-ST-ZIP	1211 GENEVE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOULOU DIS, NICOLAS	
STREET ADDRESS	5 AV. RODIN, 75016	
CITY-ST-ZIP	PARIS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUNIER, JEAN	
STREET ADDRESS	16 RUE CRESPIEN 1206	
CITY-ST-ZIP	GENEVE	
TITLE	POA	<input type="checkbox"/> DELETE
NAME	DAVIS, PHILIP J	
STREET ADDRESS	100 INGALLS DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Philip J. Davis* PHILIP J. DAVIS 1/17/96 (904) 455-5360

CR2E034 (12/95)