

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F34238** (8)
1. Corporation Name
DUCAL TRADING CORP.

FILED
MAY 11 1995
SECRETARY OF STATE

Principal Place of Business Mailing Address
5291 N.W. 161ST STREET MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **05/08/1981** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-2122634** 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. 193.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROSENTHAL, BARRY I.
5291 NW 161ST STREET
MIAMI FL 33014**

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

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 agent, 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 as 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 reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROSENTHAL, BARRY I.
STREET ADDRESS	5291 N.W. 161ST ST.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
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 exemptions listed in Section 199.0306, 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 as an attachment with an address.

SIGNATURE: *Barry Rosenthal* **Barry Rosenthal** 1-13-95 (305) 621-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT

1995



DOCUMENT # F34672

(8)

ANDERSON MANUFACTURING, INC.

1919 BUCCANEER DR #100
SARASOTA FL 34231

1919 BUCCANEER DR #100
SARASOTA FL 34231

2	2a	3	3a
21	26	05/13/1981	04/25/1994
22	27	59-2335774	
23	28		\$8.75 Additional Fee Required
24	29		\$5.00 May Be Added to Fees
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARLING, P
1919 BUCCANEER DR, #100
SARASOTA 34231

81	Name
82	Street Address (P.O. Box Number or Not Aceptable)
83	
84	City
	FL 85

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 agent, 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 and am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	DARLING, P
STREET ADDRESS	1919 BUCCANEER DR., SUITE 100
CITY, ST, ZIP	SARASOTA FL
TITLE	P
NAME	DARLING, JEFF
STREET ADDRESS	1919 BUCCANEER DR., SUITE 100
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, based on the best of my knowledge and belief, and I am an officer or director of the corporation. This statement is filed in accordance with the provisions of Section 607.0508, Florida Statutes.

SIGNATURE:

[Handwritten Signature] P. DARLING, SRC. 1/16/95 813 366 3571