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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004696

DUNCAN ROSS INC.

Principal Place of Business

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90140 003 ***150.00



3817 S. CARSON ST., STE. 411 CARSON CITY NV 89701		3817 S. CARSON ST., STE. 411 CARSON CITY NV 89701			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					10/15/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For			
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2a. Mailing Address 2c. Suite, Apt. #, etc.			, 51., 51 E. 411		88-0305490		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			41 VV 74 101		5. Certificate of Status Desired		Additional	
22		27			5. Certificate of Status Desired L1 Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Coun	ntry	8. This corporation owes the current year Int		⊠No	
24	25		10		Personal Property Tax.	Yes	E NO	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered	Agent		
KING	s n			Name				
, KING, D 1144 S. HWY 17			Ī	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	1, UNIT 435		-	83				
	SUMA FL 32189			•••]				
	J. 1. 2. 32. 35		Ţ	84 City	EI	85 Zi	p Code	
	5 Darking 607 05	DO and 607 1509 Florida Statutos	the ab	ove named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing	its registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fibric	ja Statu	tes.				
12.		ND DIRECTORS	13.	1901	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	TORS IN 12	
TITLE	СР	☐ DELETE	1.1 TITL	E		☐ Chang		
NAME	KING, R.		1.2 NA	ME				
STREET ADDRESS	2533 N. CARSON ST.		1.3 STF	REET ADDRESS				
CITY-ST-ZIP	CARSON CITY NV 89706		1.4 CIT	Y-ST-ZIP				
TITLE	VCS	☐ DELETE	2.1 1111	.E		Chang	e 🗌 Addition	
NAME	KING, D		2.2 NA	WE				
STREET ADDRESS	1144 S. HIGHWAY 17		2.3 STF	REET ADDRESS				
CITY-ST-ZIP	SATSUMA FL 32189		2. 4 CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE	31111	Æ		Chang	e Addition	
NAME	KING, D.R.		3.2 NA	ME				
STREET ADDRESS	1144 S. HIGHWAY 17		3.3 STF	REET ADDRESS				
CITY-ST-ZIP	SATSUMA FL 32189		3.4. CIT	Y-ST-ZIP			- Addison	
TITLE	D	☐ DELETE	4.1 TIT	1		Chang	e	
NAME	-KING; M		4. 2 NA					
STREET ADDRESS	l			REET ADDRESS				
CITY-ST-ZIP	COLORADO CO 80933		_	Y-ST-ZIP		- Chana	a D Addition	
TITLE	T	☐ DELETE	5.1 TITL			chang	e Addition	
NAME	KING, D.		5.2 NA					
STREET ADDRESS				REET ADORESS	•	• •	: .: 11	
CITY-ST-ZIP	SATSUMA FL 32189			Y-ST-ZIP				
TITLE	V	☐ DELETE	6.1 TITI			Chang	e Addition	
NAME	KING, J		6.2 NA	ì				
STREET ADDRESS	1144 S. HIGHWAY 17			REET ADDRESS				
	CATCUMA DI GOAGO		6400	V CT 7ID				

14. I 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 suppliemental 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, with all other like empowered.

WATURE REQUIRED

SIGNATURE: