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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF CORPORATIONS					;				
1. Corporation	!	4000	005145 ((7)	···						
DUN	REALTY, INC.							 1984/08 (1/8 20/4)	1111 11 111 16 11) 0 7	P a r ann Pr	(1)
Principal Place	e of Business		Mailing Address		-						
330 GARFIE SANTA FE	ELD ST., STE. 200		330 GARFIELD ST., STE. 200								
OMITIALE	NM 6/3UI		SANTA FE NM 875	i 01						=	
								 Date Incorporated or Qualified 10/04/1994 		of Last F 1/06/19	-1
2. Principal P	lace of Business		26. Mailing Address				4. FEI Number			Applied For	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					85-0416828			Not Applicable 5 Additional
City & State		2	Cit. 8 State				·- · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			Additional Required
23	; 	1	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be
Z _I p 24	Country		Zip		ountry	y		8. This corporation has liability for			od to Fees 199.032,
24	9. Name and Address of	2 of Current Re	29 egistered Agent	30	- 1			Florida Statutes Yes	s 🔲 No		
		<u> </u>	9		81	Na	.me	10. Name and Address of New F	Registered A	gent	
KIMPTON, WILLIAM J			82			Str	eet Addre	ess (P.O. Box Number is Not Acceptat	hla\		
)n, burke & White, p./ Us hwy. North	A.	Ł			1.			JIO ₁		
	WATER FL 34621				83						
					84	1	•		FI	1 1	p Code
 Pursuant t or register 	o the provisions of Sections of ed agent, or both, in the State	507.0502 and	607.1508, Florida Stati	utes, the al	bove-r	name	d corpora	ation submits this statement for the pur d of directors. I hereby accept the app	rpose of char	ging its r	registered office
	h, and accept the obligations	of, Section 6	07.0505, Florida Statut	es.	e Curp	Orain	JN 8 DOgra	of directors, tinereby accept the app	ointment as r	gistered	l agent. I am
	Signature, typed or printed name of regis	stered agont and titl	le if applicable (i	NOTE Register	ed Agen	nt s gna	ture required t	when reinstating)	OATE		
12.		ERS AND DIF	RECTORS	13		_		ADDITIONS/CHANGES TO OFF		IRECTO	RS IN 12
NAME	DV Kolber, Fred		☐ DELETE		TITLE					Change	☐ Addition
STREET ADDRESS	330 GARFIELD ST., S	STE. 200			NAME STREET	Annac	·ec				
CITY-ST-ZIP	SANTA FE NM 87501				CITY - S'		22				
TITLE	DP		☐ DELETE		TITLE					Change	Addition
NAME STREET ADDRESS	GILBERT, EDWARD M 330 GARFIELD ST., \$			1	NAME						
CITY-ST-ZIP	SANTA FE NM 87501				street. City-st		SS [
TILE	DT		DELETE		THLE	1-71				Change	Addition
NAME	WILSON, M. THOMAS			3.2	NAME					y	
STREET ADDRESS CITY+ST-ZIP	330 GARFIELD ST., \$ SANTA FE NM 8750				STREET		.ss				
TITLE	S		DELETE		CITY-ST TITLE	(-ZIP				01	
NAME	GERWIN, PAUL S				NAME				U	Change	☐ Addition
STREET ADDRESS	330 GARFIELD ST., S	TE. 200		4.3 5	STREET A	ADDRES	SS				
CITY-S1-ZIP THLE	SANTA FE NM 87501		Florer		CITY-ST	- ZI P					
NAME	i		☐ DELETE		TITLE					Change	Addition
STREET ADDRESS					NAME Street a	ADDRES	20				
CiTY-ST-ZiP					HY-ST		3				
TITLE			DELETE		TITLE					Change	Addition
NAME STREET ADDRESS		_	•	1	IAME						
STREET ADDRESS CITY-ST-ZIP		Li			TREET A		S				
14. I do horeby	certify that the information subscriptormatic information in the infor	ipplied with th	is filing is voluntarily fun	nished and	does	not c	jualify for t	the exemption stated in Section 119.0)7(3)(k) Florid	a Statute	as I further

configure report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and attachment with an address. oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUNE 1 1/16/96 (505) - 982 - 2/84