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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000001647 (4)
1. Corporation Name
DUZOGLOU DEVELOPMENT CORPORATION



Principal Place of Business: **328 CRANDON BLVD., STE 206 KEY BISCAIYNE FL 33149**
Mailing Address: **328 CRANDON BLVD., STE 206 KEY BISCAIYNE FL 33149-1331**

3. Date Incorporated or Qualified: **04/02/1996**
3a. Date of Last Report: []
4. FEI Number: **22-2405066** 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. 199.032, Florida Statutes: Yes [] No

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

9. Name and Address of Current Registered Agent
**DUZOGLOU, ROBERT
328 CRANDON BLVD., STE 206
KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent
81 Name: **Robert Duzoglou**
82 Street Address (P.O. Box Number is Not Acceptable): **328 CRANDON BLVD SUITE 206**
83 **KEY BISCAIYNE 33149**
84 City: **FL** 85 Zip Code: **33149**

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: **Robert Duzoglou Pres.** DATE: **4-11-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DUZOGLOU, ROBERT	
STREET ADDRESS	780 GLENRIDGE ROAD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DUZOGLOU, LORI	
STREET ADDRESS	780 GLENRIDGE ROAD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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: **Robert Duzoglou Pres.** DATE: **4-11-97** 205-365-0120

CR2E034 (9/96)