

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 BISCAYNE FL 33149

Mailing Address

328 CRANDON BLVD., STE 206  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1996

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

DUZOGLOV, ROBERT  
328 CRANDON BLVD.  
STE. 206  
KEY BISCAYNE FL 33149

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

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCD  
DUZOGLOU, ROBERT  
760 GLENRIDGE ROAD  
KEY BISCAYNE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0213020

CR2E034 (1097)