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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

|  | JAL REPORT 1997                                  |                                | ary of State CORPORATIONS      | Secreta  | ry of State                               |
|--|--|--------------------------------|--------------------------------|--|---|
| DOCU!  | MENT # <b>G7653</b>                              | 2 (2)                          |                                |  |   |
|  | DUNCAN FIRMAN REAL E                             | STATE, INC.                    |                                |  |   |
|  |  |                                |                                |  |   |
| Principal Place  | o of A remose                                    | Mailing Address                |                                |  |   |
| Principal Place of Business Mailing Address  * JAYNE DUNCAN FIRMAN * JAYNE DUNCAN FIRMAN |  |                                | IAN                            |  |   |
| 329 ROYAL PO   | DINCIANA PLAZA                                   | 329 ROYAL POINCIANA PLAZA      |                                |  |   |
| PALM BEACH   | FL 33480   | PALM BEACH FL 33480-           | wa a                           | 3. Date Incorporated or Qualified                  | 3a. Date of Last Report                   |
|  |  |                                |                                | 12/28/1983   | 03/06/1996                                |
|  | ace of Business                                  | 2a. Mailing Address            |                                | 4. FEI Number                                      | Applied For                               |
| 21 Suite, Apt. #, etc.   |  | Suite, Apt. #, etc             |                                | 59-2455011   | Not Applicable  \$8.75 Additional         |
| 22   | Tr <sub>1</sub> Colors                           | 27                             |                                | 5. Certificate of Status Desired                   | Fee Required                              |
| City & State   | 9  | City & State                   |                                | 6. Election Campaign Financing                     | \$5.00 May Be                             |
| 23   |  | 28                             |                                | Trust Fund Contribution                            | Added to Fees                             |
| <b>Ζ</b> φ   | Country  | Zip                            | Country                        | 8. This corporation has liability for              | intangible tax under s. 199.032,          |
| 24   | 9. Name and Address of Curre                     | 29 <br>ent Registered Agent    | 30                             | Florida Statutes 2  10. Name and Address of New Re |   |
| FIRM   | MAN, JAYNE DUNCAN                                |                                | 81 Name                        |  |   |
| AND DOVAL DOMOVANA DI 474  |  |                                |                                | ddress (P.O. Box Number is Not Acceptable)         |   |
| PALM BEACH FL 33480  |  |                                |                                | Address (1.0. Day Nambal 15 Not Addeptable)        |   |
|  |  |                                | 83                             |  |   |
|  |  |                                | 84 City                        |  | 85 Zip Code                               |
| 11 Direnset  | to the provisions of Sections 607.05             | ing and 607 1508 Florida State | tes the above names            | corporation submits this statement for the p       | FL 60 changing its registered             |
| office or r  | egistered agent, or both in the Sta              | te of Florida. Such change was | authorized by the cor          | poration's board of directors. I hereby accep      | of the appointment as registered          |
|  | rmamiliar with, and accept the obli              | ganons of, Section 607.0505, f | Torida Statutes.               |  |   |
| SIGNATURE  | Signature, typed or printed name of registered a |                                | OTE Registered Agent signature |  | DATE                                      |
| 12.  |  | ND DIRECTORS  DELETE           | 13.                            | ADDITIONS/CHANGES TO OFFICE                        | CERS AND DIRECTORS IN 12  Change Addition |
| TITLE<br>NAME  | PTD<br>Firman, Jayne D                           | CT percet                      | 1.1 TITLE<br>1.2 NAME          |  | Cirange Li Addition                       |
| STREET ADDRESS   | 329 RYL POINCIANA PLZA                           |                                | 1.3 STREET ADDRESS             |  |   |
| CITY-ST-ZIP  | PALM BCH FL                                      |                                | 1.4 CITY - ST - ZIP            |  |   |
| TITLE  |  | ☐ DELETE                       | 2 1 TITLE                      |  | Change Addition                           |
| NAME   |  |                                | 2.2 NAME                       |  |   |
| STREET ADDRESS   |  |                                | 2.3 STREET ADDRESS             |  |   |
| City-St-ZiP  |  | Dist                           | 2. 4 CiTY-ST-ZiP               |  | [ ] (                                     |
| TITLE  |  | ☐ DELETE                       | 3.1 TITLE<br>3.2 NAME          |  | ☐ Change ☐ Addition                       |
| name.<br>Street address  |  |                                | 3.3 STREET ADDRESS             | 1  |   |
| City-\$1-ZiF   |  |                                | 34. CITY-ST-ZIP                | . `  |   |
| Tille  |  | DELETE                         | 4.1 TITLE                      |  | Change Addition                           |
| NAMÉ   |  |                                | 4. 2 NAME                      |  |   |
| STREET ADDRESS   |  |                                | 4.3 STREET ADDRESS             | 1  |   |
| CHY-S1-7IP   |  | DELETE                         | 4.4 CITY-ST-ZIP<br>5.1 TITLE   |  | Change Addition                           |
| TITLE<br>NAME  |  | First Occur.                   | 5.1 HILE<br>5.2 NAME           | 1  | Las Change Las Addition                   |
| STREET ALIDRESS  |  |                                | 5.3 STREET ADDRESS             |  |   |
| City-St-ZiP  |  |                                | 5.4 CITY-ST-ZIP                |  |   |
| Titul  |  | ☐ DELETE                       | 61 TITLE                       |  | Change Addition                           |
| NAME   |  |                                | 6.2 NAME                       | 1  |   |
| STREET ADDRESS   |  |                                | 6.3 STREET ADDRESS             |  |   |
| Party C1 760   |  |                                | A A CITY . ST. 7/P             |  |   |

14. Los 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:

561-659-0401 Daytime Phone #

6334220

**FILED** 

Apr 01 1997 8:00am