SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/A/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 8:27

DOCUMENT # **H61328** **(1)**

1. Corporation Name
DUVAL SQUARE CORPORATION

Principal Place of Business	Mailing Address
~~1075 DUVAL ST. C21 SUITE 174~~ ~~KEY WEST FL 33040-0125~~	~~1075 DUVAL ST. C21 SUITE 174~~ ~~KEY WEST FL 33040-0125~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/11/1985	06/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1075 DUVAL	26 1075 DUVAL
Suite, Apt. #, etc. 22 C-24	Suite, Apt. #, etc. 27 C-24
City & State 23 KEY WEST FL	City & State 28 KEY WEST
Zip / County 24 33040 / 25 MONROE	Zip / County 29 33040 / 30 MONROE

4. FEI Number: 13-3279237 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SCALLY, JAMES~~ ~~1075 DUVAL ST~~ ~~STE C-11~~ ~~KEY WEST FL 33040~~	81 Name: MONA ALBON 82 Street Address (P.O. Box Number is Not Acceptable): DUVAL SQUARE CONDO 83: 1075 DUVAL C-24 84 City: KEY WEST FL 85 Zip Code: 33040

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: Mona J. Albon — MONA J. ALBON — 6/8/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PETROCELLI, LUCIO	12 NAME		
STREET ADDRESS	1075 DUVAL ST C12	13 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP		
TITLE	~~VSD~~	21 TITLE	VP	☒ Change ☐ Addition
NAME	~~GARDNER, JOHN~~	22 NAME	NANCY CAMPBELL	
STREET ADDRESS	~~PO BOX 32~~	23 STREET ADDRESS	1075 DUVAL C-15	
CITY-ST-ZIP	~~KEY WEST FL 33041~~	24 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		31 TITLE	SEC	☐ Change ☒ Addition
NAME		32 NAME	ANGELA KELLY	
STREET ADDRESS		33 STREET ADDRESS	1075 DUVAL C-10	
CITY-ST-ZIP		34 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		41 TITLE	TREAS	☐ Change ☒ Addition
NAME		42 NAME	PATRICK PARKER	
STREET ADDRESS		43 STREET ADDRESS	1075 DUVAL A-25	
CITY-ST-ZIP		44 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	GODFREY THOMPSON	
STREET ADDRESS		53 STREET ADDRESS	1075 DUVAL R-28	
CITY-ST-ZIP		54 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 9 June 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028361 CP