

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name:

DURHAM ENTERPRISES, INC.

Principal Place of Business:

Many Address

295 N.A. #307
P.O. BOX 372006
SATTELLITE BEACH FL 32807

DURHAM ENTERPRISES, INC
205 HWY A1A #207
SATELLITE BEACH FL 32907
IIS

2. Principal Place of Business

2a. Meeting Address:

21 P.O. Box 410811
Suite Apt. #, etc.

26 | DURHAM ENTERPRISES INC
Santo, Apt. #, etc

27 | P.O. Box 410811
City & State:

28 | MELBOURNE, FL |
Zin | Cour

29 | 32940

30 U S

9. Name and Address of Current Registered Agent

DURHAM, JAMES V.
~~295 N.A1A, #307~~
~~SATELLITE BEACH FL 32937~~

81 Name DURHAM, JAMES V.

82 Street Address (P.O. Box Number is Not Acceptable)
901 SPANISH WELLS DRIVE

84 City MELBOURNE

FL	85	Zip Code 32940
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11. Pursuant to the provisions of Sections 607.09(2) and 607.15(3), 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. Thereby, against the appointment as registered agent, I am familiar with, and accept the obligation of, Sections 607.09(5), Florida Statutes:

SIGNATURE

[illegible][illegible]

1992

12.	OFFICE OF THE ATTORNEY GENERAL
TITLE	PD
NAME	DURHAM, JAMES V.
STREET ADDRESS	295 HWY A1A #307
CITY, ST, ZIP	SATELLITE BEACH FL

TITLE	() OFFICE
NAME	
STREET ADDRESS	

CITY STATE ZIP	
TITLE	[] OTHER
E-MAIL	

STREET ADDRESS	
CITY/STATE/ZIP	
TITLE	☐ OFFICIAL
NAME	

STREET ADDRESS
CITY - STATE - ZIP
TITLE

STREET ADDRESS
CITY, STATE, ZIP

$\Gamma \vdash \Gamma$ □ D.F. 1.1
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 $\Gamma \vdash \Gamma \vdash \Gamma$

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PRESIDENT/DIRECTOR	☐ Change ☐ Addition
2. NAME	DURHAM, JAMES V	
3. STREET ADDRESS	901 SPANISH WELLS DRIVE	
4. CITY, STATE	MELBOURNE, FL. 32940	☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY STATE

3.1 Title: ☐ Change ☐ Addition

3.2 Name:

3.3 Subject: Additions

34 City	ST-20		
41 Title		☐ Change	☐ Addition
42 Name			

4.4 CITY - STATE _____ ☐ Change ☐ Addition

5. STREET ADDRESS	
5. CITY, STATE	
6. TITLE	☐ Change ☐ Add New

C2 NAME	
C3 STREET ADDRESS	

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(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 member 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 other members.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 1996 (407) 255-1010

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