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

**PROFIT** 

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## FILED Apr 23, 1999 8:00 am

ANNL	RPORATION JAL REPORT	Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCU!	1999 MENT # J25918 DUTH, INC		***		323 130.00	
	· Mill and John Same	Mailing Address	· · ·			
94 STANLEY I	BARNETT OR. #320	STANLEY J. BARNETT     8888 HOWARD DR. #320     MIAMI FL 33176		DO NOT WRITE IN TH 3. Date incorporated or Qualifed 07/25/1986	SIS SPACE -	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied F	
21		26		59-2732516	Not Appli	
	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required		I
City & State	City & State City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fe		
Zip	Country Zip		Country			<u>'</u>
24	25	29 30	¬ ·	Personal Property Tax.	Yes □No	
2-7	9. Name and Address of Current	<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	<u> </u>	10. Name and Address of New Registere	ed Agent	
			81 Name	anley Barnett		
BARNETT, STANLEY J.				ress (P.O. Box Number is Not Acceptable)		
10240 SW 91ST ST			2	<u>000 So. Bayshore Dr.</u>	#45	
MIAN	AI FL 33176		83	•		
			84 City		85 Zip Code	
				oconut Grove <b>F</b>		
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		egistered Agent signature require	ed when reinstating) DATE		-   _
12.	OFFICERS ANI	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12 8
TITLE	PTD	☐ DELETE	1.1 TITLE	,		Addition
NAME	BARNETT, STANLEY J.		1.2 NAME			5
STREET ADDRESS	10240 SW 91ST ST		1.3 STREET ADDRESS			نَ ا
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			&
TITLE	S	☐ DELETE	2.1 TITLE	•	Change /	Addition
NAME	BARNETT, STANLEY J.		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
. CITY-ST-ZIP	MIAMI FL	D BC: ETT	2.4 CiTY-ST-ZIP		☐ Change ☐ /	Addition
TITLE	PTD	☐ DELETE	3.1 TITLE		□ Change □ A	Addition
NAME	BARNETT, STANLEY, J		3.2 NAME	·		}
STREET ADDRESS	2000 S BAYSHORE DR #45		3.3 STREET ADDRESS		*	
CITY-ST-ZIP	COCONUT GROVE FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		 ☐ Change ☐ /	Addition
TITLE NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			Į
CITY-ST-ZIP			4.4 CITY-ST-ZIP			{
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		İ
CITY-ST-ZIP	Y=111		5.4 CITY-ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 777 5		☐ DCLETE	6.1 TITLE		☐ Change ☐ /	Addition (

CITY-ST-ZIP 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 thanged, or on an attachment with an address, with all other like empowered.

6.2 NAME -

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS