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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M61188

DUFFY REALTY REFERRAL SERVICE, INC.

55.7.7								
Principal Place	e of Business	Mailing Address				- 1 (##1##() 11# B11# 11## 11## 1### 1### 1### 1###	Tet Bibli ata	
9718 N.E. 2ND AVE. 9718 N.E. 2ND AVE.								
MIAMI SHORES FL 33138 MIAMI SHORES FL 33138						DO NOT MIDITE IN THIS	CDACE	
						DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualified 10/21/1987		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0032657		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22	<u> </u>	27						Required
City & State	e ·	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta		Rafa I
24	25		30			Personal Property Tax.	☐ Yes	ZNo Z
	9. Name and Address of Cur	rent Registered Agent		04	M	10. Name and Address of New Registered	tgent	
Dile	FY, PATRICK			81	Name			
9718 N.E. 2ND AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI SHORES FL 33138								
MINI	WI SHORES FE 33130			83				ĺ
				84	City	· • •	85 Zi	ip Code
					•	<u> </u>	<u> </u>	44 1
office or n	egistered agent; or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was at ligations of, Section 607.0505, Flor	ithorized	i by i	ine corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	thanging itment as	registered
SIGNATURE								
	Signature, typed or printed name of registered			Agent	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS AN	Chang	
IIILE	PSD DATRICK	Detere	1.1 TI		1			
NAME	DUFFY, PATRICK		1.2 NA					1
STREET ADORESS	10397 SW 17 DRIVE		1.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP	DAVIE FL			1.4 CITY-ST-ZIP			Chang	ge Addition
TITLE		☐ DELETE	2.1 Tr	TLE			[_] Citally	je 🛅 Addition j
NAME			2.2 N	AME		•		
STREET ADDRESS	•		2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			2,40	ITY-S	T-ZIP			
TITLE		□ DELETE	3.1 TT	LTE .	`	ar i arigina	Chang	e Addition
NAME			3.2 N	ME				ì
STREET ADDRESS	,		3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE	•	☐ DELETE	4.1 TI	TLE			Chang	ge 🖺 Addition
NAME	, .		4. 2 N	AME		•		}
STREET ADDRESS			4.3 ST	REET	ADDRESS		•	
CITY-ST-ZIP			4.4 CI	TY-ST	r-ZIP		•	
TITLE		☐ DELETE	5.1 TT				Chang	ge
NAME			5.2 N	AME	1			}
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TI	TLE	1		Chang	ge 🔲 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 changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS