

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**\* CORPORATION  
ANNUAL REPORT  
1995**



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

05 MAY -1 AM 4:25

**DOCUMENT # M85846 (7)**

1. Corporation Name:

**THOMAS D. DUANE & ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

**\* THOMAS D. DUANE  
7525 SW 159 TERRACE  
MIAMI FL 33157**

Mailing Address:

**\* THOMAS D. DUANE  
7525 SW 159 TERRACE  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **06/13/1988**      3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied for Not Applicable
22. State, Apt. # etc.	2b. State, Apt. # etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Filing Office	25. Filing Office	29. Filing Office	30. Filing Office

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DUANE, THOMAS D. 7525 SW 159 TERRACE MIAMI FL 33157</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Applicable)	
		B3. City	
		B4. State	<b>FL</b>

11. Pursuant to the provisions of Sections 607.06(2) and 607.17(9), 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 hereby withdrawing the resignation of Section 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
<b>P 4 S DUANE, THOMAS D. 7525 SW 159 TERRACE MIAMI FL</b>			
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 607.02(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to carry out this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or supplemental report with an address.

SIGNATURE: *Thomas D. Duane*      **Thomas D. DUANE**      *5/1/95*      **305-444-9102**