

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M85846 (7)**

**1. Corporation Name  
THOMAS D. DUANE & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**% THOMAS D. DUANE  
7525 SW 159 TERRACE  
MIAMI FL 33157**

**3. Date Incorporated or Qualified 06/13/1988**      **3a. Date of Last Report 04/16/1996**

**2. Principal Place of Business**      **2a. Mailing Address**  
**21 2655 LeJeune Road**      **26 2655 LeJeune Road**

**4. FEI Number 65-0063817**      Applied For Not Applicable

**22 Suite 900**      **27 Suite 900**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**23 Coral Gables FL**      **28 Coral Gables FL**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**24 33134**      **25 USA**      **29 33134**      **30 USA**

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

**9. Name and Address of Current Registered Agent**  
**DUANE, THOMAS D.  
7525 SW 159 TERRACE  
MIAMI FL 33157**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2655 LeJeune Road, Suite 900**  
**83**  
**84 City Coral Gables FL**      **85 Zip Code 33134**

**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 and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DUANE, THOMAS D.</b>	
STREET ADDRESS	<b>7525 SW 159 TERRACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Duane, Thomas D.</b>	
1.3 STREET ADDRESS	<b>2655 LeJeune Road, Suite 900</b>	
1.4 CITY - ST - ZIP	<b>Coral Gables FL 33134</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**14. I do 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.**

**SIGNATURE:** *Thomas Duane*      **THOMAS D. Duane**      4-25-97      305-444-9102

CR2E034 (9/96)