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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M85846

THOMAS D. DUANE & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address				Ţ	* 19818811 181 18181	#1187 1911 A		91217 01011 01511 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2655 LEJEUNE	ROAD	2655 LEJEUNE ROAD										
SUITE 900 SUITE 900							DO NOT WORKS WITHOUTH					
CORAL GABLES FL 33134 CORAL GABLES FL 33134							DO NOT WRITE IN THIS SPACE					
US		US					Date incorporated or 06/13/1988	r Qualifed				
2. Principal Pla	lace of Business	2a. Mailing Address				4.	FEI Number			Ap	plied For	
21		26		;. <u> </u>		_	65-0063817			No	t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	****			1.	Cartifacto of Status I	Danisad		\$8.75		
22		27			5.	Certifcate of Status I	Desired	<u> </u>	Fee Re	equired		
City & State	е	City & State				6.	Election Campaign F	inancing		\$5.00	May Be	
23		28			<u>-</u>		Trust Fund Contribut	tion	<u> </u>	Added t	to Fees	
Zip	Country Zip		Cor	Country			8. This corporation owes the current year Intangible					
24	25 29			30			Personal Property Tax.					
	9. Name and Address of Curre	nt Registered Agent		Ь,	<b>.</b>	10.	Name and Address	of New F	Registered	d Agent		
DUA	NE THOMAS D			81	Name							
	INE, THOMAS D.		82 Str			dress (P.O. Box Number is Not Acceptable)						
	5 LEJEUNE ROAD, SUITE 900							•		410.50		
COR	RAL GABLES FL 33134			83	···· =						j	
,	•			84	City					85 Zip (	Code	
					_				F	L I I .		
office or re	to the provisions of Sections 607.05( egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	a by	the corporate	oration on's <b>b</b> o	n submits this stateme pard of directors. I he	ent for the reby accep	purpose of the appo	of changing its pintment as re	registered gistered	
SIGNATURE												
	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	d Agen	t signature require	ed when re	einstatino)		DATE			
									CIOCOO A	ND DIDECTO	DC 181 42	
12.		ND DIRECTORS	13.			/	ADDITIONS/CHANGE	ES TO OF	FICERS A			
12.	C		13.					ES TO OF	FICERS A	ND DIRECTO ☐ Change	ORS IN 12	
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**