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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:19

DOCUMENT # **M88420** (8)

1. Corporation Name
DUKE CONCESSION, INC.

Principal Place of Business: **% AGUSTIN J. BENITEZ, P O BOX 55, ORLANDO FL 32802**
Mailing Address: **% AGUSTIN J. BENITEZ, P O BOX 55, ORLANDO FL 32802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1988** 3a. Date of Last Report: **03/01/1994**
4. FEI Number: **59-2895402** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt. # etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent: **BENITEZ, AGUSTIN J. 10600 S. ORANGE AVE. S.R. 527 ORLANDO FL 32824**
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: DT NAME: STRATES, E. JAMES STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.1 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 TITLE: AS NAME: STRATES, SIBYL S. STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.2 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 TITLE: DS NAME: STRATES, PHYLLIS R. (ASS) STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.3 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 TITLE: S NAME: MAGID, SUSAN STRATES STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.4 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE: S NAME: BEARD, KENNETH O. STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.5 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 TITLE: VP NAME: STRATES, JAMES E. STREET ADDRESS: 10600 S. ORANGE AVE. CITY, ST. ZIP: ORLANDO FL		13.6 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed equally for the compliance stated in the Florida Statutes. I further certify that the information is true and correct in the annual report or supplementary annual report, if any, and in this state 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 appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or both, in agreement with an addressee.

SIGNATURE: *[Signature]* **Sandra B. Northam** 1-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR