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Jan 27 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 # 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 32802-0055



2. Principal Place of Business

21 Suite, 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

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

01/24/1996

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

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

FL

85 Zip Code

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 DT ☐ DELETE
NAME STRATES, E. JAMES
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE AS ☒ DELETE
NAME STRATES, SIBYL S.
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE DS ☐ DELETE
NAME STRATES, PHYLLIS R. (ASS
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE
NAME MAGID, SUSAN STRATES
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ DELETE
NAME BEARD, KENNETH O.
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE
NAME STRATES, JAMES E.
STREET ADDRESS 10600 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE A S ☐ Change ☒ Addition
12 NAME Strates, E. Jay
13 STREET ADDRESS 10600 S. Orange Ave.
14 CITY-ST-ZIP Taft, FL 32824

21 TITLE A S ☒ Change ☐ Addition
22 NAME Doremus, Sibyl Strates
23 STREET ADDRESS 10600 S. Orange Ave
24 CITY-ST-ZIP Orlando, FL 32824

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

E. Jay Strates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Jay Strates, Secretary

1-17-97

Date

Daytime Phone #

CR2E034 (9/96)