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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95308

(6)

DUKE STRUCK, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 03 1997 8:00am Secretary of State

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LIGHTHOUSE POINT FL 33064			LIGHTHOUSE POINT FL 33064-8420						
						3. Date Incorporated or Qualified 08/22/1988		e of Last R	eport
2. Principal I	Place of Business	2a, Mailing Addres	s			4. FEI Number		Ar	oplied For
21 26		26				65-0069922		No	ot Applicable
Suite, Apt. #, etc.		Surte, Apt. #, et	Surte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zφ	Country	Zip	Cou	ntry		8. This corporation has liability for			, 199.032,
24 25 29			30				Yes No		
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
	rstein, emanuel		į	<b>81</b> Na	me				
	COCONUT ROW			<b>82</b> St	eet Add	ress (P.O. Box Number is Not Acceptab	le)		
PAL	LM BEACH FL 33480		ļ						
				83					
				84 Cit	•		FL		Code
11. Pursuant office or agent. It	I to the provisions of Sections 60' registered agent, or both, in the an familiar with, and accept the	7.0502 and 607 1508, Florida State of Florida. Such change obligations of, Section 607 05	Statutes, the at was authorized 05, Florida Stati	ove-nai I by the utes.	ned corp corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the appo	changing it intment as	ls registered registered
SIGNATORE	Signature typical or princed number of register	red agent and title if applicable	(NOTE: Registered	Agent sig	nature requi	Ired when reinstating)	DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TIME	DP	DELE	TE 1.1 TH	LE			į	Change	Addition
NAME	STRUCK, ARTHUR N.		1.2 NA	ME					
STREET ADDRESS	3730 NE 30TH AVE.		1.3 \$1.	REET ADDR	ESS				
CITA - \$1 - \$0,	LIGHTHOUSE POINT FL			Y-\$1-ZIP		· · · · · · · · · · · · · · · · · · ·		<del></del>	- <b> </b>
THLE		☐ DELE						Change	Addition
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CITY - ST - ZIP TITLE		OFLE		Y - \$T - ZIP		***************************************		Change	I Addition
		C) OH	62 NA		}		i	- Johnnys	L. HOURIN
NAME Course Privates			•	me. Reet addf					
STREET ACHDRESS				KEEL ADUF	192				

64 CITY-ST-ZIP

14. If 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR