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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P00168

DUNCAN, LAGNESE AND ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address						T (MALLEN 111 ANTER MAIR) (1918 ANTEL 1911 ANTER ANDIT BLATT DER ANTER ANDIT AND		
27 BLEEKER STREET		C/O TAX DEPARTMENT						
MILLBURN NJ 07041		81 WYMAN STREET			DO NOT WHITE IN THE SPACE			
US		WALTHAM MA 02254			DO NOT WRITE IN THIS SPACE			
		US				3. Date incorporated or Qualifed		
	- A Duning	O- Mailing Address				12/06/1983 4. FEI Number	I An	plied For
— ·	lace of Business	2a. Mailing Address				25-1100901	— — — —	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				25 1100901	\$8.75 A	
22	w, etc.	27				5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	-	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Country			8. This corporation owes the current ye	ar Intangible	
24	25	29 3	30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	ered Agent	
			81	Nam	е			}
	CORPORATION SYSTEM		82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD								
PLAN	NTATION FL 33324		83					
	A 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		84	City			85 Zip C	Code
	The state of the s			1			FL	
11. Pursuant	to the manufacture of Continue 607 060	2 and 607 1508, Florida Statutes	s, the abov	e-name	d corpo	ration submits this statement for the purpo s's board of directors. I hereby accept the	se of changing its	registered
office of fi	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autorious of, Section 607.0505, Florid	da Statutes	ine coi	poration	15 board of directors. I horoby accept the	appointment as res	31010100
SIGNATURE	· · ·							
	Signature, typed or printed name of registered age			nt signatur	e required	when reinstating) OA		DC (N. 12
12.	OFFICERS AN	ID DIRECTORS	13.	nt signatur	e required	when reinstating) DAI ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
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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 entanges, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Robert W. Aghababian.