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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 049 ***150.00

DOCUMENT # 1. Corporation Name	P92000003291
DUKE PROPERTIES	OF ORLANDO, INC.

				<u> </u>	<u> </u>
Principal Place	e of Business	Mailing Address			
	CENTER COMMONS	1053 MAITLAND CENTER CO	MMONS-		
		200 - Maitland Fl 327 51		DO NOT WRITE IN THIS SPACE	
U S-	MANUS.	US-		3. Date Incorporated or Qualifed	7. LW -11*
				11/03/1992	
2. Principal Pl	lace of Business	2a. Mailing Address	_	4, FEI Number	Applied For
21 337	N. Knowles Avenue		nowles Ave.	59-3153575	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22	<i>n</i> , 6.6.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e - O : =	City & State		6. Election Campaign Financing	\$5.00 May Be
23 W: A		28 Winter Pari	K. FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
	189 ₂₅ JS	29 32789 31	a U.S	Personal Property Tax.	☐Yes ☐No
<u> </u>	9. Name and Address of Current			10. Name and Address of New Register	ed Agent
			81 Name	Duke. James N	
DUK	E, JAMES N		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	·
1053	MAITLAND CENTER COMMONS		3.	37 N, Knawles A	venue
STE	-20 0		83		
FIAM	FLAND FL-32751				as Zio Codo
			84 City); (Hel Palk F	2 78 9
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes,	the above-named corr	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	norized by the corporati	on's board of directors. I hereby accept the ap	pointment as registered
agent. i a	m ramiliar with, and accept the obligate	Jame	41 IN V.	Gresident 41	8/99
SIGNATURE	Signature, yed or printed name of registered agent a		egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUKE, JAMES N.		1.2 NAME		
STREET ADDRESS	1626 LAWNDALE CIRCLE		1,3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	•	1,4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	* .	Change Addition
NAME	} 		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	•.*		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	, ,		5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		\
CITY-ST-ZIP	}		5.4 CITY-ST-ZIP		,
T/TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		
(6.3 STREET ADDRESS		ļ
STREET ADDRESS			I		}

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/4/99

(407)660-233