

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050353 (0)

1. Corporation Name

210 DUVAL CORP

Principal Place of Business

Mailing Address

210 DUVAL ST
KEY WEST FL

210 DUVAL ST
KEY WEST FL



3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

03/06/1995

4. FEI Number

65-0443904

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

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No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINE, ROBERTA S
TRUMAN ANNEX BUILDING 21
SUITE 104 201 FRONT ST
KEY WEST FL 33040

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D GREENBERG, JUDITH
STREET ADDRESS 3742 EAGLE AVE
CITY - ST - ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME ELI, JEAN
STREET ADDRESS 12099 N.W. 1ST STREET
CITY - ST - ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME D RAFAEL, JAMAL
STREET ADDRESS 8830 COCO PLUM MANOR
CITY - ST - ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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Change

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

ELI JEAN

6/13/96

Daytime Phone #

CR2E034 (3/96)