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CORPORATION annual report



FLORIDA DEPARTMENT OF STATE Sandra B. Modham Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

CITY - \$1 - 7IP

P93000076759 (8) **DOCUMENT #**

DUQUESNE REALTY, INC.

Principal Place of Business Mailing Address 7002 POINTE WEST BLVD 551 17TH ST WEST PALMETTO FL 34221 BRADENTON FL-04209 3. Date Incorporated or Qualified 3a. Date of Last Report 11/04/1993 02/28/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0446184 26 369Z W. Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be $\mathbf{\Gamma}$ K5 LEAWOOD Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Country 710 66209 Yes No Florida Statutes 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ETEL J. MACKEY **ROOT, CURTIS S** Box Number is Not Accepta Street Address (P.O. 82 7002 POINTE WEST BLVD 83 BRADENTON FL 34209 84 BRADENTON ons of Socions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 but the state of Society of Section 607.0505, Florida Statutes. or registered agent familiar with, and lo (NOTE: Ragistered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIRECTORS 13. Change ■ Addition DPS DELETE 1 1 TITLE BILLE. **ROOT, CURTIS S** CR2E034 3692 W. 127 TH PLACE 1.2 NAME 7002 POINTE WEST BLVD STREET ADDRESS 1.3 STREET ADORESS LEAWOOD **BRADENTON FL** 1.4 CITY - ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 2 1 I(I) F W.f 2 2 NAME NAMI 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CHY ST ZF Change Addition DELETE 3 1 TATLE TillE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CHY-SI-ZIP Change Addition DELETE 4.1 TITLE BILE 4.2 NAME NAME 900001740719 -03/13/96--01017--025 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - ZIP ***200.00 CHY-S1-ZIP [] Change ☐ Addition [] DELETE 5 1 100 6 TULLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP OUN ST ZIP ☐ Addition [] Change DELETE 6 1 TITLE TILE 6.2 NAME NAME

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 607, Florida Statutes; and that my name all ichment with an address CULTO S. ROOT , PLESIDENT

6.3 STHEET ADDRESS

64 CITY-ST-ZIP