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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000035895 (9)

| DUVAL GARDENS, INC.  Principal Place of Business Mailing Address  1012 DUVAL ST KEY WEST FL 33040  Mailing Address  1012 DUVAL ST KEY WEST FL 33040  |  |   |   |  |   |   |                                   |                                   |                               |  |   |
|--|--|---|---|--|---|---|-----------------------------------|-----------------------------------|-------------------------------|--|---|
|  |  |   |   |  |   |   | 3. Date Incorpora 05/12/1         | ited or Qualified<br><b>994</b>   |                               | e of Last<br><b>07/25/</b>   |   |
| 2, Principal Pi  | lace of Business   | I   | Mailing Address   |  |   |   | 4. FEI Number                     |                                   | L                             | 0.,20,   | Applied For   |
| Suite, Apt.  | #, etc.  | 26  | Suite, Apt. #, etc.                                     |  |   |   | 65-052                            | 20514                             |                               |  | Not Applicable  |
| City & State   |  | 27  |   |  | ~ <b>~</b> ~~~  |   | 5. Certificate of S               | tatus Desired                     |                               |  | 5 Additional<br>Required                                |
| 23   |  | 28  | City & State  |  |   |   | 6. Election Camp<br>Trust Fund Co |                                   |                               |  | 00 May Be   |
| Zip<br>24  | Country  | ļ,  | Zip   | <b>)</b>   | untry   |   | 8. This corporation               |                                   | r intangible ta               |  | ed to Fees<br>s 199.032.                                |
| 24   | 25<br>9. Name and Address  | 29 S of Current Regist  | lared Agent   | 30   | т   |   | Florida Statute:                  | ; 门 Ye                            | s 🔲 No                        |  |   |
|  |  | or content regis  | iereo Agerit  |  | 81  | Name  | 10. Name and Ad                   | dress of New                      | Registered                    | Agent  |   |
| BROW   | 'NING, MICHAEL L   |   |   |  | L   |   |                                   |                                   |                               |  |   |
| 402 AF   | PPELROUTH LN   |   |   |  | 82  | Street Add                                      | dress (P.O. Box Number            | is Not Accepta                    | ible)                         | ***************************************  | · · · · · · · · · · · · · · · · · · ·                   |
| KEY W  | /EST FL 33040  |   |   |  | 83  |   |                                   | ·                                 |                               |  |   |
|  |  |   |   |  | 84 (  | Oit.  |                                   | ·                                 |                               |  |   |
|  |  |   |   |  | l i   | City  |                                   |                                   | FI                            |  | ip Code   |
|  |  | O DO LOGO R BITO DOT  | . ⊢oue, Fiorida Stati                                   | utes. The ano  | WA-nar  |   |                                   |                                   |                               |  | roaintorna affina                                       |
| SIGNATURE.   | o the provisions of Sections of agent, or both, in the St. h, and accept the obligation. | ns of, Section 607,0  | 0505, Florida Statuti                                   | 9\$.   |   |   | are of Circulotota, Thereby       | ment for the pu<br>accept the app | urpose of cha<br>pointment as | registere  | d agent. I am   |
| SIGNATURE.   | n, and accept the obligation  Styrature, bysko or printed name of re                     | ns of, Section 607,0  | 9505, Florida Statuti                                   | 8\$.<br>NOTE: Registered   |   |   | ad when noinstalling)             | accept the app                    | DATE                          | registere  | d agent. I am   |
| SIGNATURE  | n, and accept the obligation  Styralize, type or prelied name of a  OFF                  | ns of, Section 607.0<br>ogstered agent and tile har<br>ICERS AND DIRECT | 9505, Florida Statuti                                   | 9\$.   | Agent s   |   | are of Circulotota, Thereby       | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | Oragent, Fam  |
| SIGNATURE 3  | Syrahum, tyre or pented name or n<br>OFF<br>D<br>O'GRADY, ANDRE                          | ns of, Section 607.0<br>ogstered agent and tile har<br>ICERS AND DIRECT | 1505, Florida Statuti<br>Plicable (1<br>TORS            | NOTE: Registered   | Agent s   |   | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | registere  | DRS IN 12   |
| SIGNATURE SIGNAT | OFF  O'GRADY, ANDRE  1012 DUVAL ST   | ns of, Section 607,0 Self-Section 600,0 ICERS AND DIRECT                | 1505, Florida Statuti<br>Plicable (1<br>TORS            | NOTE: Registered  13. 1.111  | Agent s   | gnature require                                 | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | DRS IN 12   |
| SIGNATURE  12. TILLE NAME SIREET ADDRESS CITY-ST-ZIP   | OFF  D  O'GRADY, ANDRE  1012 DUVAL ST  KEY WEST FL 330                                   | ns of, Section 607,0 Self-Section 600,0 ICERS AND DIRECT                | 1505, Florida Statuti<br>refeator (1<br>LORS)           | NOTE: Registered  13. 1.1 Ti 1.2 NA 1.3 STI  | Agent so  | gnature require                                 | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | DRS IN 12   |
| SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP TI'LE  | OFF  D  O'GRADY, ANDRE  1012 DUVAL ST  KEY WEST FL 330                                   | ns of, Section 607,0 Self-Section 600,0 ICERS AND DIRECT                | 1505, Florida Statuti<br>Plicable (1<br>TORS            | NOTE: Registered  13. 1.1 Ti 1.2 NA 1.3 STI  | Agent si<br>TLE<br>AME<br>REET ADI<br>TY-ST-Z   | gnature require                                 | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | Oragent, Fam  |
| SIGNATURE  12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFF  D  O'GRADY, ANDRE  1012 DUVAL ST  KEY WEST FL 330  D  O'GRADY, BRIAN                | ns of, Section 607,0 Self-Section 600,0 ICERS AND DIRECT                | 1505, Florida Statuti<br>refeator (1<br>LORS)           | NOTE Registered  13.  1.1 II  1.2 NA  13 SII  1.4 CT  2.1 TII  2.2 NAI   | Agent so<br>TLE<br>AME<br>REET ADI<br>TY-ST-Z<br>TLE  | gnature require  DRESS                          | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | DRS IN 12   |
| SIGNATURE  12. TILLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFF  D  O'GRADY, ANDRE  1012 DUVAL ST  KEY WEST FL 330  D  O'GRADY, BRIAN  1012 DUVAL ST | ns of, Section 607,0  GERS AND DIRECT  A                                | 1505, Florida Statuti<br>refeator (1<br>LORS)           | NOTE: Registered  13. 1.1 T/ 1.2 NA 1.3 ST/ 2.1 T// 2.2 NA/ 2.9 ST/  | Agent so<br>TLE<br>AME<br>REET ADI<br>TY-ST-Z<br>TLE<br>AME   | gnature require                                 | ad when noinstalling)             | accept the app                    | DATE<br>FICERS AND            | DIRECTO  | DRS IN 12   |
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| SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME   | OFF  D  O'GRADY, ANDRE  1012 DUVAL ST  KEY WEST FL 330  D  O'GRADY, BRIAN  1012 DUVAL ST | ns of, Section 607,0  GERS AND DIRECT  A                                | 1505, Florida Statuti refeator g IORS  DELETE  DELETE   | 98.  NOTE: Fugishered  13. 1.1 Ti 1.2 NA 13 STI 2.1 TII 22 NAI 3.3 STI 3.4 CIT 4.1 TII 42 NAM 4.3 STR 4.4 CIII 5.1 TIII  | Agont st.  TILE  ME  REET ADI  TY-ST-2  TILE  ME   | DRESS DRESS DRESS IP DRESS IP                   | ad when noinstalling)             | accept the app                    | DATE FICERS AND               | DIRECTO Change  Change  Change   | DRS IN 12 Addition Addition                             |
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4. 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 appears in Block 12 or Block 3 if thangot, or on an attaching withfun address.

SIGNATURE:

HONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECT

15196 305 292 3379 Date 305 292 3379 OKZE034 (12/95)