FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:56

DOCUMENT # P94000058182 (4)

1. Corporation Name
DUKER, INC.

Principal Place of Business	Mailing Address
350 S. COUNTY ROAD PALM BEACH FL 33480	350 S. COUNTY ROAD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0500652 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has paid, or is exempt from, the tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUBUC, GILLES
610 FIFTH TERRACE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature of new registered agent, if changed) (Name of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DUBUC, DAVID	12 NAME	
STREET ADDRESS	610 S.E. FIFTH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DUBUC, GILLES	22 NAME	
STREET ADDRESS	610 S.E. FIFTH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	YAKER, NINO	32 NAME	
STREET ADDRESS	11231 GREEN LAKES DR., #203	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately recorded and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall serve as my resignation as the registered agent of the corporation named above, pursuant to the provisions of Chapter 607.325, Florida Statutes, and that my name appears on Block 9 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: G. DUBUC 11/12/95 305-776-6170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0275250 CP