

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

FILED

**Feb 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063648 (7)
1. Corporation Name
BRIAN F. DUFFNER PA.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5789 DESCARTES CIRCLE BOYNTON BEACH FL 33437 US	Mailing Address 5789 DESCARTES CIRCLE BOYNTON BEACH FL 33437 US
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3. Date Incorporated or Qualified
08/25/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number
65-0521836

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DUFFNER, ANANCY A
5789 DESCARTES CIR.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name **DUFFNER, NANCY A**

82 Street Address (P.O. Box Number is Not Acceptable)
5789 DESCARTES CIRCLE

83

84 City **BOYNTON BEACH FL** 85 Zip Code **33437**

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 *Nancy A Duffner* **NANCY A DUFFNER** **2/4/98**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DUFFNER, BRIAN F
STREET ADDRESS	5789 DESCARTES CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D <input type="checkbox"/> DELETE
NAME	DUFFNER, NANCY A
STREET ADDRESS	5789 DESCARTES CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Brian F Duffner* **BRIAN F DUFFNER** **2/4/98** **65-052-3092**

CR2E034 (10/97)