COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P94000063648

BRIAN F. DUFFNER PA.

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90006 039 ***550.00



ncipal Place	of Busines	38	Maili	ing Address				. Individed tit I little dinte south dotte dates dates dinte direct arise aris
89 DESCARTES CIRCLE 5789 DESCARTES CIRCLE								
SYNTON BEACH FL 33437 BOYNTON BEACH FL 3343					437			DO NOT MODE IN THIS SOACE
•			US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
								08/25/1994
Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For
				26				65-0521836 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			-	City & State				6. Election Campaign Financing \$5.00 May Be
			28	28				Trust Fund Contribution Added to Fees
Zip		Country	Z	Zip	Cou	ntry		8. This corporation owes the current year
		25	29		30			Intangible Personal Property. Yes Yes No
	9. Name	and Address of Current	Registe	red Agent		-	Г.,	10. Name and Address of New Registered Agent
DUE	FNER, N	NOV A		•		81	Name	
		RTES CIR.				82	Street Add	ress (P.O. Box Number is Not Acceptable)
				$oxed{oxed}$				
501	MÍON DE	ACH FL 33437				83		
						84	City	85 Zip Code
							'	FL
Pursuant office or r	to the provi	sions of sections 607.0502 gent, or both, in the State o with, and accept the obligat	and 607	.1508, Florida Statute a. Such change was section 607,0505, Fl	es, the ab authorized oride Stat	ove-	named corporate the corporate	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	iii iaiiiiiiai Y	willi, and accept the congar	iona or, k	30000011 001.0000, 1.1.	onda otal	uico	, .	,
NATURE _	Signature, typed	d or printed name of registered agent	and title if a	ppticable. (No	OTE: Registe	red A	gent signature re	quired when reinstating) DATE
		OFFICERS AND	DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<u> </u>	D			DELETE	1.1 76	ΠE		Change Addition
E	DUFFNER, BRIAN F			1.2 NAME				
ET ADDRESS				1.3 ST		REET	ADDRESS	
ST-ZIP	ZIP BOYNTON BEACH FL 33437			1.4 Ci			r-ZIP	
E]	D			DELETE	2.1 TF	ΓLE		Change Addition
Ε.	DUFFNER, NANCY A		_	2.2 N	2.2 NAME			
ET ADDRESS	RESS 5789 DESCARTES CIRCLE		-		2.3 STREE		ADDRESS	A CONTRACTOR OF THE CONTRACTOR
ST-ZIP	BOYNTON BEACH FL 33437				2.4 CITY-ST-ZIP			
: I				DELETE	3.1 TI	TLE		Change Addition
 	}				3.2 NAM			
ET ADDRESS	ADDRESS				3.3 STR		ADDRESS	
ST-ZIP					3.4 CI	TY-ST	r-ZiP	
		DELETE 4.		4.1 TIT	4.1 TITLE		Change Addition	
.					4.2 NA	ME		
ET ADDRESS					4.3 ST	REET	ADDRESS	
ST-ZIP		4.4.0		4.4 CI	TY-ST	r-ZIP		
				DELETE	5.1 TI	ILE		Change Addition
E					5.2 NA	ME		
ET ADDRESS					5.3 ST	REET	ADDRESS	
ST-ZIP	* .				5.4 Cf	TY-ST	r-ZIP	
				☐ DELETE	6.1 TI	ΓLE		Change L_ Addition
.					6.2 NA	ME	- 1	
ET ADDRESS					6.3 ST	REET	ADDRESS	
ST-ZIP	ST-ZIP					TY-ST	-ZIP	
- · · · ·		4 4 4 44 44 44 44 44 44 44 44 44 44 44				41		11 - 440 07(0V) Flacks Out to 15 other materials information

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.