

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

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

09-09-1999 90006 039 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000063648**

Corporation Name
BRIAN F. DUFFNER PA.



Principal Place of Business 89 DESCARTES CIRCLE BOYNTON BEACH FL 33437	Mailing Address 5789 DESCARTES CIRCLE BOYNTON BEACH FL 33437 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1994		4. FEI Number 65-0521836		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent DUFFNER, NANCY A 5789 DESCARTES CIR. BOYNTON BEACH FL 33437				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE EET ADDRESS -ST-ZIP	D <input type="checkbox"/> DELETE DUFFNER, BRIAN F 5789 DESCARTES CIRCLE BOYNTON BEACH FL 33437	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE EET ADDRESS -ST-ZIP	D <input type="checkbox"/> DELETE DUFFNER, NANCY A 5789 DESCARTES CIRCLE BOYNTON BEACH FL 33437	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 9-6-99 President**

01/2/99

CR2E034 (5/99)