

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

0151617

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000077371

1. Corporation Name
DUVAL CENTER, INC.



Principal Place of Business
107 DUVAL STREET
KEY WEST FL 33040

Mailing Address
107 DUVAL STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1994

4. FEI Number
65-0529381

Applied For
Not Applicable

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 the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHEN, AMOS
107 DUVAL STREET
KEY WEST FL 33040

81 MISSIM BEN SHOEFF
82 Street Address (P.O. Box Number is Not Acceptable)
40 S. KERRA P.A.
83 10101-C W. Sample Rd
84 CORAL SPRINGS FL 85 Zip Code
33065

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

N. B. Shoeff

(NOT Registered Agent signature required when reinstating)

DATE

MISSIM BEN SHOEFF 4/23/99

12. OFFICERS AND DIRECTORS

TITLE D KOHEN, AMOS ☒ DELETE
NAME
STREET ADDRESS 107 DUVAL STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MISSIM BEN SHOEFF ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 10101-C W. Sample Rd.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with a different like empowered.

SIGNATURE:

N. B. Shoeff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MISSIM BEN SHOEFF 4/23/99 305-243-0440

Date

Daytime Phone #

CR2E034 (11/98)