


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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000029912 (8)**  
 1. Corporation Name  
**DUKE & DUKE ASSOCIATES, INC.**



Principal Place of Business <b>2651 NORTHWEST 63RD TERRACE MARGATE FL 33063</b>	Mailing Address <b>2651 NORTHWEST 63RD TERRACE MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3405 E. STAGECOACH TRAIL</b>	2a. Mailing Address 26 <b>3405 E. STAGECOACH TRAIL</b>
Suite, Apt. #, etc. 22 <b>TRAIL</b>	Suite, Apt. #, etc. 27
City & State 23 <b>INVERNESS, FL</b>	City & State 28 <b>INVERNESS, FL</b>
Zip 24 <b>FL 34452</b>	Country 25 <b>USA</b>
Zip 29 <b>FL 34452</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>04/05/1996</b>	
4. FEI Number <b>65-0656324</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>HILL, SUSANNE 2651 NW 63RD TERRACE MARGATE FL 33063</b>		10. Name and Address of New Registered Agent	
		81 Name <b>HILL, SUSANNE</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>3405 E. STAGECOACH TRAIL</b>	
		83	
		84 City <b>INVERNESS</b>	85 Zip Code <b>FL 34452</b>

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 Susanne Hill DATE 1/12/98  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HILL, MICKEY L 2651 NORTHWEST 63RD TERRACE MARGATE FL 33063</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP HILL, SUSANNE 2651 NW 63RD TERRACE MARGATE FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSTD HILL, MICKEY L 3405 E. STAGECOACH TRAIL INVERNESS, FL 34452</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP HILL, SUSANNE 3405 E. STAGECOACH TRAIL INVERNESS, FL 34452</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S KEY, JEAN V. 3405 E. STAGECOACH TRAIL INVERNESS, FL 34452</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)