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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90037 021 ***150.00

DOCUMENT # P97000027659						
 Corporation 	DUCTIONS, INC.					
000 1110				1 10011001 110 1010 1001 0011 0011 001		AANA AAN KAR
Principal Place	of Business	Mailing Address			a (181) (26)6 estat ;	11116 1811 1641
305 NW 78TH A		305 NW 78TH AVE.				
PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE		
			•	3. Date Incorporated or Qualifed		
				03/27/1997		-
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21			65-0743980		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 A	
22 27				Fee Rec		
City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to		
23 Zip	Country		Country	8. This corporation owes the current year in		71003
24	25	29 3	-n -	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent	
	L ODOUG CHANTAL		81 Name			
SNELLGROVE, CHANTAI J				Iress (P.O. Box Number is Not Acceptable)		$\neg \neg$
305 NW 78TH AVE. PLANTATION FL 33324					•	
FUAI	VIATION FE 33324		83			
			84 City	F	85 Zip C	ode
		22 and CO7 1500 Florida Statutos	the above named cor	poration submits this statement for the purpose (of changing its	registered
office or n	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norizeo dy tne corporati	ion's board of directors. I hereby accept the appe	ointment as reg	jistered
SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis			ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D OFFICERS AN	DELETE	13.	ADDITIONS/GHANGES TO OTT ICERS 7	Change	Addition
NAME	SNELLGROVE, CHANTAI J		1.2 NAME			
STREET ADDRESS	305 NW 78TH AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	_		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP .			2. 4 CiTY-ST-ZiP	<u> </u>	<u></u>	
TITLE		DELETE, DELETE	3.1 TITLE	e de la composition	🔲 Change	. [] Addition
NAME	,		3.2 NAME	· ·		
STREET ADDRESS			3.3 STREET ADDRESS		,	
CITY-ST-ZIP	·	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE			4.2 NAME		.	
NAME STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS	,		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	\		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 all other like empowered.

SIGNATURE:

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