## FILE NOW: FILING FEE MAY 1ST 15 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000102329 (4)

DUNCAN MANAGEMENT, INC.

Principal Place of Business Mailing Address **4021 PETERS ROAD** 4021 PETERS ROAD PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 5-0803423 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name ZELEZNIK, STEVE 4021 PETERS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 City Zip Code 85

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 (NOTE Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition ZELEZNIK, STEVE NAME 1.2 NAME 4021 PETERS ROAD STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33317** 1.4 CITY-ST-ZIP City-St-7iP DELETE Change Addition TITLE 2.1 THILE ZELEZNIK, ANNE NAME 2.2 NAME **4021 PETERS ROAD** STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33317 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

CITY-ST-ZIP 14. Thereby 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 furstee 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:

STOVE Zelezax

**FILED** 

Feb 10 1998 8:00am

Secretary of State