## 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

## DOCUMENT # P98000074982 1. Corporation Name

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90015 021 \*\*\*150.00

DUC UN	LIMITED, INC.										
Principal Place	e of Business	Mailing Address				1 40011001	LIN 19191 19111 99111 94	I SI <b>Gir</b> ili i <b>Bi</b> diri	19511 01018 10101	FOTTO TIBE FOOT	
· ·		1005 AZALEA LANE			Ì						
1005 AZALEA LANE   1005 AZALEA LANE   FERNANDINA BEACH FL 32304   FERNANDINA BEACH FL 32304											
PERMANDINA BEACH PL 32304						DO NOT WRITE IN THIS SPACE					
	The second of th	ال المعلى الما			[	3. Date Incorpo	rated or Qualifed				
ł					Į	08/25/199	8				l
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For	1
21		26				<i>59-35</i> 3	<i>2144</i>		No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc					Otation Desired		\$8.75 #	Additional	ı
22	.,	27				<ol><li>Certifcate of</li></ol>	Status Desireo	Ц	Fee Re	quired	
City & Stat	le	City & State				6. Election Can	npaign Financing	П	\$5.00	Мау Ве	l
23		28				Trust Fund (	Contribution _	Ц	Added t	o Fees	l
Zip	Country	Zip	Cou	intry		8. This corpora	tion owes the cur	ent year Ir	tangible	,	l
24 25		29 30		·		Personal Pro			Yes	₽Ño	l
-	9. Name and Address of Curren					10. Name and	Address of New	Registered	Agent		ı
	11.50			81 Name	)	-					Ì
FINA	INCIAL FOUNDATIONS, INC.			82 Stree	Aulalasa	o /D O Boy Num	ber is Not Accept	able)			
2843 THAXTON DR, STE 37				82 Stree	Addres	ss (P.O. Box Num	Der is Not Accept	aule)			
PALM HARBOR FL 34684				83			<del></del>				
						·					ļ
1				84 City				FI	85 Zip (	Code	
AA Durawant	to the provisions of Sections 607 050	2 and 607 1508 Florida S	tatutes the s	hove-name	1 corpor	ation submits this	statement for the		f changing its	registered	1
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change.v	vas authorize	by the con	oration	's board of directo	ors. I hereby acce	ot the appo	intment as re	gistered -	l
agent.la	em familiar with, and accept the obliga	tions of, Section 607.0505	s, Florida Stat	utes.							l
SIGNATURE			(NOTE: Registere	l A nt Alamatur	required u	den reinstation)		DATE			1 -
	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE: Registere	1 Agent signature	redniien A	ADDITIONS/	CHANGES TO OF		ND DIRECTO	RS IN 12	Š
12.	P	DELE1			ÿ.	15/7	<u> </u>		Change	Addition	7
TITLE	1 '	_ bctt		AME	100	ENNE D.	Woodack	-			1
NAME .	WOODCOCK, DOUGLAS P				100	5 ARACEA	CANE				8
STREET ADDRESS	, 1000 / 12 (122) / 12 1/12			TREET ADDRESS	CORINNE D. WOODCOCK Change [1 S 1005 ARACEA CANE KERNANDINA BEACH, FL. 32034						5
CITY-ST-ZIP	FERNANDINA BEACH FL 32304			TY-ST-ZIP	PEIC		00,		Change	☐ Addition	6
TITLE		☐ DELE							□ change		
NAME			2.2 N	AME							Į
STREET ADDRESS	}		2.3 8	TREET ADDRES	8						1
CITY-ST-ZIP	<u> </u>		2.41	CITY-ST-ZIP							1
TITLE		☐ DELE	ΓE 3.1 T	ITLÉ					Change	Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 8	TREET ADDRES	3						
CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP	1		_				
TITLE		DELE:	ΓE 4.1 T	ITLE					Change	☐ Addition	1
NAME			4:21	AME	<u> </u>			<del></del>			<del> -</del>
STREET ADDRESS		~ <del>-</del>		TREET ADDRES	3						İ
}				TY-ST-ZIP							]
CITY-ST-ZIP		☐ DELE			1	_			☐ Change	Addition	1
i		_ 5000		AME		-	10 g				
NAME	1				.	٠.		7	de la companya de la La companya de la co	and the same	1
	·I		5 4 5	TREE LAUDRES							
STREET ADDRESS	3			TREET ADDRES ITY-ST-ZIP	1	, 1		. कि. म. र स्ट्रे	gas en Sa	김기의 왕의학	

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 of 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 grayantachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

在增加的人。这种特色

☐ Change

☐ Addition