## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996



Sandra B. Mortham Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT Corporation Name	#	S53644
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101

1. Corporation		44 (8)			
DUGA	an's two, inc.			I (A DI) A IV. A LIA A LIA	
District On					
Principal Plac	e of Business	Mailing Address		4 ambiana aka malan disin dilih dilih didi	i alar oldir erait erait ototi oldil eteti 1891
	6147 WOODCREEK COURT 6147 WOODCREEK COURT JUPITER FL 33458 JUPITER FL 33458		COURT		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		05/20/1991 4. FEI Number	04/24/1995
21		26		65-0307575	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	A		Not Applicable \$8.75 Additional
City & Stat	to	27		5. Certificate of Status Desired	Fee Required
23		City & State		6. Election Campaign Financing	55.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent		10. Name and Address of New R	
			81 Name		- State of Agont
	I, Albert G.		82 Street Add	lress (P.O. Box Number is Not Acceptable	
	OODCREEK COURT			duress (m.C. Box Number is Not Acceptable)	
JUPITE	R FL 33458		83		
			84 City		105 7-0-1
11. Pursuant	to the provisions of Spatiage 603 or o	0 2 1 202 4500 5			FL 85 Zip Code
or register	red agent, or both, in the State of Flor	ida. Such change was author	utes, the above named corporized by the corporation's boa	ration submits this statement for the purport of directors. Thereby accept the appropriate of directors.	cose of changing its registered office
CIONATURE	in, and accept the obligations of, Sec	tion 607.0505, Florida Statuti	es.	ration submits this statement for the purp and of directors. Thereby accept the appo	intrient as registered agent, ram
I SIGNATURE	Signature, typed or printed name of registered ager		NOTE: Registered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE  CERS AND DIRECTORS IN 10
TITLE	PD	DELETE.	1 1 TITLE		Change   Addition
NAME	DUGAN, ALBERT G.		1.2 NAME		
STREET ADDRESS	6147 WOODCREEK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JUPITER FL		1.4 CITY - ST - ZIP		
NAME	DS DICAN PARRADA	DÉLETÉ	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	DUGAN, BARBARA		2 2 NAME		
CITY-ST-ZIP	6147 WOOD CREEK COURT JUPITER FL		2.3 STREET ADDRESS		ĺ
THLE	- AAI II EN I E	DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE		
NAME		Flactrit	3. 1 HTLE 3.2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3 4 C-TY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		F3 price	5.4 CITY - ST - ZIP		
NAME		DELETE	6. 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. Ldo bereby	modifications at a large		6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 407-965-9868
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