

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S73824** (2)

1. Corporation Name
DUGGAN BUILDERS, INC.

Principal Place of Business

520 N SWINTON AVE
DELRAY BEACH FL 33444
US

Mailing Address

520 N SWINTON AVE
DELRAY BEACH FL 33444
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1991	
21	701 SE 6th Ave	26	701 SE 6th Ave.	4. FEI Number 65-0279129	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22 Suite 201-E		Suite, Apt. #, etc. 27 Suite 201-E		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Delray Beach, FL		City & State 28 Delray Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33483	25	Country Palm Beach	29	33483
30	Country Palm beach				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUGGAN, PAUL D. 520 N SWINTON AVE DELRAY BEACH FL 33444				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8311 Mahogany Drive 83 84 City Boynton beach FL 85 Zip Code 33436	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUGGAN, PAUL D	1.2 NAME	
STREET ADDRESS	520 N SWINTON AVE	1.3 STREET ADDRESS	8311 Mahogany dr.
CITY-ST-ZIP	DELRAY BCH FL 33444	1.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	DTS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAN, CAROLINE	2.2 NAME	
STREET ADDRESS	520 N SWINTON AVE	2.3 STREET ADDRESS	6121 Balboa Cir., #102
CITY-ST-ZIP	DELRAY BCH FL 33444	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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.

SIGNATURE: *Paul Duggan* 1/21/98 561-279-9266

CR2E034 (10/97)