

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76075 (8)**

1. Corporation Name
121 DUVAL COMPANY

Principal Place of Business Mailing Address
**209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316** **209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/27/1991 **02/03/1994**

4. FEI Number Applied For
65-0284565 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **121 DUVAL STREET** 26 **2832 NE 21ST COURT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **KEY WEST FLORIDA** **FT. LAUDERDALE, FLA**
Zip Zip Country Country
24 **33040** 25 **MONROE** 28 **33305** 30 **FLORIDA**

9. Name and Address of Current Registered Agent

D'JAMAL SOLY
209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name **PETER P. PARISI CPA PA**
82 Street Address (P.O. Box Number is Not Acceptable)
2832 N.E. 21ST COURT
83
84 City **FT. LAUDERDALE** FL 85 Zip Code **33305**

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]*

PETER P. PARISI **4/3/95**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'JAMAL SOLY
STREET ADDRESS	209 SOUTH ATLANTIC BLVD.
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	P/D/S
23 STREET ADDRESS	JITAH, CHARLES
24 CITY - ST - ZIP	3702 DONALD ST KEY WEST, FL. 33040
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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)(b), 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 the filing agent with an address.

SIGNATURE: *[Signature]* **4/3/95** **(305) 294-1905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Telephone #