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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SO

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90069 050 ***158.75

DURA DOCK INC.			I I BRURIU (IA NA	
Principal Place of Business	Mail:	 _		
518 NW 77TH STREET BOCA RATON FL 33487 US	Mailing Address 518 NW 77TH STREE BOCA RATON FL 33 US	=T 487	1 1957/1919 116 19191 18185 11/11 88/11/	
	05		DO NOT WRITE	IN THE OF LEA
2. Principal Place of Business			J. Date incorporated or Qualifed	IN THIS SPACE
21	2a. Mailing Address		12/04/1991	
Suite, Apt. #, etc.	26		4. FEI Number	Applied For
2	Suite, Apt. #, etc.		65-0298726	Not Applicable
City & State	City & State		5. Certifcate of Status Desired	\$8.75 Additional
Zip	28		6. Election Campaign Financing	Fee Required
Country	Zip		Trust Fund Contribution	\$5.00 May Be
	<u> </u>	Country 30	8. This corporation owes the current w	
9. Name and Address of (Current Registered Agent		· orodiair roperty ray	Den
KAPLAN, MARY	·	81 Name	10. Name and Address of New Regis	No □No □No
518 NW 77TH STREET				
BOCA RATON FL 33487		82 Street A	Address (P.O. Box Number is Not Acceptable)	
		83		
				A. L. B.
Pursuant to the provisions of Co.		84 City	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2015年11月1日 11日 11日 11日 11日 11日 11日 11日 11日 11
office or registered agent, or both, in the Sagent. I am familiar with, and accept the old GNATURE Signature, typed or grinted agent of the Sagent of the S	7.0502 and 607.1508, Florida Stat State of Florida. Such change was bligations of, Section 607.0505, F	utes, the above-named c authorized by the corpor lorida Statutes.	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	FL 85 Zip Code se of changing its registered ppointment as registered
	d agent and title if applicable. (NOT S AND DIRECTORS	utes, the above-named c authorized by the corpor lorida Statutes. [E: Registered Agent signature required]	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	
OFFICERS E D KAPLAN, MARY	d agent and title if applicable	FE: Registered Agent signature requ	uired when reinstating)	
OFFICERS E D KAPLAN, MARY EETADDRESS 518 NW 77TH STREET	d agent and title if applicable. (NOT S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	luired when reinstating)	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.