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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65018

DUANE J. SULK & ASSOCIATES, INC.

(6)

FILED Feb 10 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address	
3000 IMMOKALEE ROAD SUITE 5 NAPLES FL 34110-1444 US	3000 IMMOKALEE ROAD Suite 5 Naples Fl 33942 Us	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/17/1992
2. Principal Place of Business	2a, Mailing Address	4. FEI Number Applied For
21	26	65-0360576 Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Coun 24 25	7 7 Co	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
SULK, DUANE J. 3000 IMMOKALEE ROA SUITE 5	v	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
NAPLES EL 33042		83

City

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. 2.6.5. ol and the dupple abl (NOTE Registered Agent signature required when reinstating) FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE SULK, DUANE J. 1.2 NAME NAME STREET ADDRESS 4830 GARY RD. 1.3 STREET ADDRESS **BONITA SPRINGS FI** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELLETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 51 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY-ST-ZIP

14. Thereby 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 suppliemental annual seport 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 on production of the receiver of the corporation of the

SIGNATURE:

26-78

94-591-4-20