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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V65018

1. Corporation Name

DUANE J. SULK & ASSOCIATES, INC.

Principal Place	ce of Business	Mailing Address					i sedit dilgio d'ildi étiti édiét til		AFBU OLDU AH	ILF BUBEL BUBEL 1881	
3000 IMMOKAI	LEE ROAD	3000 IMMOKALEE ROAD			}						
SUITE 5	LEE HONE	SUITE 5									
NAPLES FL 34	1110-1444	NAPLES FL 34110				DO NOT WRITE IN THIS SPACE					
US		US				3. Da	ate Incorporated or Qualifed				
					1		9/17/1992				
2. Principal F	Place of Business	2a. Mailing Address					El Number			Applied For	
21		26					5-0360576		⊢		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				100	0000010			Not Applicable Additional	
22		27				5. Ce	ertifcate of Status Desired		-	Additional Required	
City & Stat	te	City & State				C FI					
23		28			[]		ection Campaign Financing ust Fund Contribution			0 May Be d to Fees	
Zip	Country	Zip	Count	īv						o to rees	
24	25	29	30	,	'		is corporation owes the curre ersonal Property Tax,	ent year in	itangible	□No	
1	9. Name and Address of Curren		301				ame and Address of New R	agistored		L_J140	
			8	1 1	Name	10. 142	anc and Address of New K	egistereu	Agent	~	
	K, DUANE J.			⊥							
3000 IMMOKALEE ROAD SUITE 5			8	2 8	Street Address	et Address (P.O. Box Number is Not Acceptable)					
				3		The second of th					
NAP	PLES FL 34110		l°	3							
			8	4 0	City		20 4 5.6 2 5.7 3 500 5 6	* * 1 Y 10	85 Zir	Code	
	<u> </u>				•			FŁ	_ '		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-na	amed corporati	tion su	bmits this statement for the p	purpose of	changing in	ts registered	
agent. La	registered agent, or both, in the State of the familiar with, and accept the obligation	tions of, Section 607.0505, Florid	inorizea b da Statute	y ine S.	e corporation's i	board	of directors, I hereby accept	t the appo	intment as r	egistered	
SIGNATURE		•									
0.0.0.0.0.0	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Ag	ent sig	gnature required wher	en reinsta	ating)	DATE		·	
12.	OFFICERS AN										
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6.4 CITY-ST-ZIP

like empowered.

14. 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 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 13 if changed, or on an absolute fine twith an address, with all effect like empowered.

SIGNATURE:

CiTY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

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