## 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 # V71840

(5)

**DUKE KINTZ DESIGNS, INC.** 

FILED Apr 27 1998 8:00am Secretary of State



Principal Place		Mailing Address			
5176 STERLING MANOR DRO 5176 STERLING MANOR DIR			IR		
TAMPA FL 33647		TAMPA FL 33647 US		DO NOT WRITE IN THIS SPACE	
US		00		3. Date Incorporated or Qualified	1110017102
				08/13/1992	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11021	Bonnet Hole Dr.		+ H=1- Dr	59-3149703	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.	111016 121	W1.0	\$8.75 Additional
22	.,	27		<ol><li>Certificate of Status Desired</li></ol>	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Thont	184.660	28 Fh.		Trust Fund Contribution	NO Added to Fees
Zip	Country	Z <sub>I</sub> p	Country	8. This corporation owes or has paid t	he current year Intangible
24 373 5	72 25 Hillsborough	29 33592 S	10 Hillsbora	Personal Property Tax due June 30	
	9. Name and Address of Current			10. Name and Address of New Regis	tered Agent
OW	ENS, PARKER L.		81 Name	wa Dakare 1	
4040 SACT DUCCH DIVD				ddress (P.O. Box Number is Not Acceptable)	
				rican Tax & Busines &	Suite 151
TAMPA EL 22617					1
			3/01	1 West Martin Luths	er King Bluck
		•	64 City	T	FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the above-named o	corporation submits this statement for the purp	ose of changing its registered
office or re	adistered arient, or both, in the State of	f Florida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept the	ne appointment as registered
agent. i ar	n lamiliar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statules.		1
SIGNATURE	Signature, typod or printed name of registered agont	and title if applicable (NOTE:	Registered Agent signature r	required when reinstating)	DATE
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change address	Change Addition
NAME	KINTZ, RICHARD E., JR.		1.2 NAME	CHANGE COMMEDI	
STREET ADDRESS	5176 STERLING MANOR DR.		1.3 STREET ADDRESS	11021 Bonnet Hole Dr.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Thonotosassa, FL. 33592 Home Tel.: 813/986-5448	
TITLE	D	DELETE	2.1 TITLE	Home (et., 013/300-3440	change Addition
NAME	KINTZ, LAURA A.	•	2.2 NAME		
STREET ADDRESS	5176 STERLING MANOR DRIVE		2.3 STREET ADDRESS	11021 Bonnet Hole Dr. Thonotosassa, FL. 33592	4
	TAMPA FL	-	2. 4 CITY-ST-ZIP	Home Tel.: 813/986-5448	~
CITY-ST-ZIP	17 111 11 1 1	☐ DELETE	3.1 TITLE		Change Addition
TITLE			3.2 NAME	•	
NAME OTRECT ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY - ST- ZIP		Change Addition
TITLE		T percit	4.1 TITLE		C Autoritors C Managiners
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP		T poure	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Li cuange Li Madition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		A 4.004
TITLE		DELETE	6.1 TIFLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied with	n this filing does not qualify for	the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I fur	ther 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, (i) on an attachment with an appears in

7. 00 97.00

CR2E03