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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G43005** (9)

1. Corporation Name
DOSDOURIAN ENTERPRISES, INC.



Principal Place of Business
**% PATRICIA DOSDOURIAN
11055 MONET LN
PALM BCH GDNS FL 33410**

Mailing Address
**% PATRICIA DOSDOURIAN
11055 MONET LN
PALM BCH GDNS FL 33410-3305**

3. Date Incorporated or Qualified **06/09/1983** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11107 MONET LN.	26 649 US Hwy 1	59-2299618	Not Applicable
22 Suite, Apt #, etc	27 Suite # 8	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Palm Bch, Gardens, A	28 No. Palm Bch, Fl.	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33410 25 USA	29 33408 30 USA	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOSDOURIAN, PATRICIA 11055 MONET LN PALM BCH GDNS FL 33410		81 Name DOSDOURIAN PATRICIA	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		11107 MONET LANE	
		83	
		84 City PBG	85 Zip Code 33410

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: *Patricia Dordourian* **PATRICIA DOSDOURIAN** 2/19/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSDOURIAN, PATRICIA	1.2 NAME	DOSDOURIAN, PATRICIA
STREET ADDRESS	11055 MONET LN	1.3 STREET ADDRESS	11107 MONET LN
CITY-ST-ZIP	P BCH GDNS FL	1.4 CITY-ST-ZIP	PBG FL 33410
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PRES! <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSDOURIAN, SAMUEL	2.2 NAME	DOSDOURIAN, SAMUEL
STREET ADDRESS	11055 MONET LN	2.3 STREET ADDRESS	649 US HWY 1 SUITE #8
CITY-ST-ZIP	P BCH GDNS FL	2.4 CITY-ST-ZIP	No. PALM Bch, FL 33408
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 an attachment with an address.

SIGNATURE: *Patricia Dordourian* **PATRICIA DOSDOURIAN** 2/19/97 561-626-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)