

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K51259 (5)**

1. Corporation Name

FLORIDA DORNUM INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

FILED
95 MAY -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001471038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 02/07/1994
4. FEI Number 65-0100077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.037, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1200 S. Pine Island Road Suite, Apt. #, etc.	26 1200 S. Pine Island Road Suite, Apt. #, etc.
22 City & State	27 City & State
23 Plantation, FL	28 Plantation, FL
24 33324 25 Broward	29 33324 30 Broward

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODINA, RAMON CAMPOLLO	1.2 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	BAL HARBOR FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SHEPARD P A	2.2 NAME	
STREET ADDRESS	4000 SE FINANCIAL CTR	2.3 STREET ADDRESS	1221 Brickell Avenue
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	Miami, FL 33131
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTOS, MICHAEL	3.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BEACH FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	A/S
STREET ADDRESS		4.3 STREET ADDRESS	Barboni, Alex
CITY, ST, ZIP		4.4 CITY, ST, ZIP	444 Brickell Avenue, Suite 51503
TITLE		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		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (Date) (35) 579-0507 (Phone Number)