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

**CORPORATION** ANNUAL REPORT



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

1996

P92000013396 (6) DOCUMENT #
1. Corporation Name

DOEMIED	DITIMBING	R DOVING CO	FANING, INC.
F FAR (VIII FA	E I LUIVICHULI		

	With the state of			• •						
Principal Place of Business Mailing Address				COADING IN INTO MOU SELLY DELIG STIET THESE THIS SELLY SELLY						
382 LAMANCHA AVE ROYAL PALM BCH FL 33411 US		382 LAMANCHA AVE ROYAL PALM BCH FL US	ROYAL PALM BCH FL 33411							
			NF: - 444 4			3. Date Incorporated or Qualified 01/02/1993	3a. Date <b>04</b>	of Las /19/1		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0375658		L	Applied For	
Suite, Apt. #	f. etc	Suite, Apt. #, etc.				03 037 3030		60	Not Applicable 75 Additional	
22		27				5. Certificate of Status Desired			ee Required	
City & State		City & State				6. Election Campaign Financing		\$5	.00 May Be	
23		28			Trust Fund Contribution	LJ		ided to Fees		
Zip	Gountry	Zip	Countr	ountry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curr	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]			Florida Statutes ✓ Yes No 10. Name and Address of New Registered Agent				
			8	1	Name		.og.oto.ou	·gon		
PARKER, RODNEY R 382 LAMANCHA AVE			8:	,	Street Addre	ess (P.O. Box Number is Not Acceptal				
					Olicol Addic	et Address (F.O. Box Number is Not Acceptable)				
ROYAL P	ALM BCH FL 33411		83	3						
			84	4	City		······································	85	Zip Code	
11 Purcuant to	o the provisions of Soctions 607.06	02 and 607 1509. Unida Statu	tos the chouse	Ţ	noved porner	ation submits this statement for the pu	FL.		its resistance office	
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was authori	zed by the con	ho	ration's board	d of directors. I hereby accept the app	ointment as	registe	ered agent. I am	
SIGNATURE _	n, and accept the obligations of, so	CROT 607.0303, FIORIDA STARTIE	<b>5</b> .							
SIGNATURE	Signature, typed or printed name of registered ag	nt and title if applicable (N	OTE: Registered Ag	ent:	signaturo required	d when reinstating)	DATE			
12.		ND DIFIE CTORS	13.			ADDITIONS/CHANGES TO OF			· · · <u>- · - · - · - · - · - · - · - · · · ·</u>	
TITLE	PVST Parker, rodney r	☐ DELETE	1. 1 11646				L	] Chan	ge [] Addition	
NAME STREET ADDRESS	382 LAMANCHA AVE		1.2 NAME		**************************************					
CITY - ST - ZIP	ROYAL PALM BCH FL		1.3 STREE 1.4 City-		į.					
TITLE		DELETE	2 1 TITLE		- 21			Chan	ge [7] Addition	
NAME		_	2 2 NAME	-			_	-		
STREET ADDRESS			2 3 S1RE8	EL A	ADDRESS		-			
CITY-ST-ZIP	···································		240114-	ST.	- 7iP					
TITLE		[] DELETE	3. 1 TITLE					] Chan	ge 🔲 Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3. \$TRE		i					
CITY-ST-7IP TITLE		DELETE	3.4 CrTY - 4. 1 TrTLF		- /11-			Chan	ge  Addition	
NAME			4.2 NAME				L	, 0,,,,,	go LJ rosmon	
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CHTY-	- 51 -	- ZIF					
111LE		[] DELETE	5. 1 TITLE	:		3. L. Z. 2013 - L. Z		] Chan	ge 🔲 Addition	
NAME			5.2 NAME	-						
STREET ADDRESS			5 3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	,	ED OFFICE	5.4 CHTY-		· ZIP					
TITLE		DELETE	6. 1 TITLE					] Chan	ge	
NAME STREET ANDRESS			6.2 NAME		ADDRESS					
STREET AODRESS CITY-S1-ZIP			6.3 \$1RE6							
·	v certify that the information supplier	d with this films is voluntarily for	640lly- nished and do			or the exemption stated in Section 119	07(3)/k) Elo	rida St	atutos I further	

The before certify that the information supplied with this hing is voluntarily furnisers and does not quality for the exemption stated in Section 119:07(3)(k), Florida Statutes. Furnier 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 directory 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 or Block 14 or Block 15 or Block 16 or Block 17 or Block 17 or Block 17 or Block 18 or Block 18 or Block 18 or Block 18 or Block 19 o RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OFFI

I NUMBER OF THE COURT HAVE BOTH BOTH A CONTRACTOR OF THE STATE OF THE SAME OF