

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000031927 (4)**

1. Corporation Name

DORVAL MANAGEMENT CORP.



Principal Place of Business		Mailing Address	
18943 S.E. FEARNLEY DRIVE TEQUESTA FL 33469-1621		160 SW 12 AVE #101B DEERFIELD BEACH FL 33442 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1994	04/20/1995
4. FEI Number	Applied For
65-0491406	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 s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J
160 S.W. 12TH AVE.
STE 101B
DEERFIELD BEACH FL 33442

81	Name
82	Street Address (P.O. Box Numbers 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, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature represents whole of firm)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSINO, LINDA M	2. NAME	
STREET ADDRESS	18943 S.E. FEARNLEY DR.	3. STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469-1621	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, KEVIN A	6. NAME	
STREET ADDRESS	18943 S.E. FEARNLEY DR.	7. STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469-1621	8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do 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)(k) 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: *Linda M Cassino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96
407-744-6361
Date
Display Phone #

CR2E034 (12/95)