## 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 # 1. Corporation Name

# P96000073379 (5)

LORRAINE DORSA & ASSOCIATES, INC.

## FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				1846 Jilba siret i	1414 1411 1441
A40-MERGETTHING TIMEST			- MO MORTH THING STREET			Ì		
JACKSONVILLE BEACH FL 32250		JA	CKSONVILLE BEACH	FL 32250		DO NOT WRITE IN THIS SPACE		
ı						3. Date Incorporated or Qualified		
						09/29/1996		
2. Principal Place	of Business	2a. N	Mailing Address			4. FEI Number	A	Applied For
21 484 Ja	CKRONJilla	26 4	184 Jacks	ovville	Driva	59-3399629		Not Applicable
Suite, Apt. #, et	o.		uite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & State			City & State			6. Election Campaign Financing	\$5.00	D May Be
23		28		<del></del>	<del> </del>	Trust Fund Contribution	Added	to Fees
Zip	Country		(ip	Country	ı	8. This corporation owes or has paid the co		
24	25 Name and Address of Cu	29	and Amant	30		Personal Property Tax due June 30.  10. Name and Address of New Registered		∐ No
<del></del>		Laur Hadista	IOU Agoin	81	Name	10. Halle Bit Accides of team registered	. whou	<del></del>
00KS/	A, LORRAINE	W 73,	Kens wille f	🗀 ٠،د				
	ONVILLE BEACH FL 322		Character (	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JAUNG	NONVILLE DEALTH FL 322	00		63		· · · · · · · · · · · · · · · · · · ·		
								_
				84	City	FI	<b>85</b> Zip	Code
11 Purpuget to the	a provisione of Sections 607	0502 and 607	1508 Florida Statut	oe the show	-named coro	oration submits this statement for the purpose		ite registered
office or regist	ered agent, or both, in the St	late of Florida.	. Such change was a	authorized by	the corporati	ion's board of directors. I hereby accept the ap	pointment a	s registered
agent. I am tai	miliar with, and accept the ot	oligations of, S	section 607.05 <b>05</b> , Fig	orida Statutes	Ι,			
SIGNATURE Signat	ture, typed or printed name of registered	t egent and title if a	(NOT	F: Registered Age	nt signature regulire	ed when reinstating) DATE		
12.		AND DIRECT	<del></del>	13.	- ag iotore require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PSD .		DELETE	1.1 TITLE	<u> </u>		Change	Addition
NAME	DORSA, LORRAINE			1.2 NAME	Ì			
STREET ADDRESS	MARKET AND THE PERSON NAMED IN	ET 484	Jacksonds/	1,3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH F	L 32250	prive	1.4 CITY-S	T-ZIP			
TITLE			DELETE	2,1 TITLE			Change	Addition
NAME				2,2 NAME				i
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-SY-ZIP				2. 4 CITY-5	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME	1			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3,4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.9 STREET	adoress			
CITY-ST-ZIP				4.4 CITY-ST	r- ZIP			
TITLE			DELETE	5.1 TITLE		2000024668 -03/24/98010510	P Gnange	Addition
NAME				5.2 NAME		-03/24/98010510	116	0V 1
STREET ADDRESS				5.3 STREET	ADDRESS	***150.00		304
CITY-ST-ZIP			_	5.4 CITY-S	r-ZIP			
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - ST	1			
	that the information a malia	d with this film				Continue 110 07/0Vi) Florida Ctatular I further a	artifu that the	a 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 changid, or on an attachment with an address.