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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

21 11107 MONET LN.

Suite, Apt. #, etc

2a. Mailing Address

26 649 US Hwy 1

Suite, Apt. #, etc

4. FEI Number
59-2299618

Applied For
Not Applicable

22 City & State

23 Palm Bch, Gardens, FL

Zip

Country

27 City & State

28 No. Palm Bch, FL

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 83410 25 USA

29 33408 30 USA

b. Name and Address of Current Registered Agent

DOSDOURIAN, PATRICIA
11055 MONET LN
PALM BCH GDNS FL 33410

10. Name and Address of New Registered Agent

81 Name DOSDOURIAN, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable)
11107 MONET LANE
83
84 City PBC FL 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 Dosdourian Patricia Dosdourian 2/19/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOSDOURIAN, PATRICIA	
STREET ADDRESS	11055 MONET LN	
CITY-ST-ZIP	P BCH GDNS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOSDOURIAN, SAMUEL	
STREET ADDRESS	11055 MONET LN	
CITY-ST-ZIP	P BCH GDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOSDOURIAN, PATRICIA	
1.3 STREET ADDRESS	11107 MONET LN	
1.4 CITY-ST-ZIP	PBC FL 33410	
2.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOSDOURIAN, SAMUEL	
2.3 STREET ADDRESS	649 US HWY 1 SUITE #8	
2.4 CITY-ST-ZIP	NO. PALM BCH, FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Dosdourian Patricia Dosdourian 2/19/97 561-626-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)