


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 11107 MONET LANE PALM BEACH GARDENS FL 33410 US			Mailing Address 649 US HIGHWAY 1 SUITE 8 N PALM BEACH FL 33408 US		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 06/09/1983					
2. Principal Place of Business 21 649 US Highway 1 Suite, Apt. #, etc. 22 S City & State 23 No. Palm Beach, FL Zip 24 33408 Country 25 USA			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
4. FEI Number 59-2299618			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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent DOSDOURIAN, PATRICIA 11107 MONET LANE PALM BCH GDNS FL 33410			10. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	ST	NAME	DOSDOURIAN, PATRICIA	<input type="checkbox"/> DELETE	
STREET ADDRESS			11107 MONET LANE		
CITY - ST - ZIP			P BCH GDNS FL		
TITLE	P	NAME	DOSDOURIAN, SAMUEL	<input type="checkbox"/> DELETE	
STREET ADDRESS			645 US HIGHWAY 1 SUITE 8		
CITY - ST - ZIP			N PALM BEACH FL		
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	P	2.2 NAME	DOSDOURIAN, PATRICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS			11107 MONET LANE		
2.4 CITY - ST - ZIP			PALM BEACH GARDENS, FL 33410		
3.1 TITLE		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I 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: <i>Patricia Dosdourian Patricia Dosdourian</i> 4/13/98 561-5442990					

CR2E034 (10/97)