

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **273215** (4)

1. Corporation Name
DORET SHOPS, INC.

Principal Place of Business: **6700 102ND AVE SUITE 502B
% OCEANSIDE ESTATES
PINELLAS PARK FL 34666-9903**

Mailing Address: **C/O STENBERG, ATTORNEY CHARLES L
KEY CENTER S - 2869 S DELANEY AVE
ORLANDO FL 32806
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/29/1963** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1164581** Applied For: Not Applicable:

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

2. Principal Place of Business: 21
2a. Mailing Address: 26

22. Suite, Apt. #, etc.: 27
23. City & State: 28

24. Zip: 25 Country: 29 Country: 30

9. Name and Address of Current Registered Agent
**STENBERG, ATTORNEY CHARL
KEY CENTER SOUTH
2869 SOUTH DELANEY
ORLANDO FL 32806**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **PST Jacob Siegel**
NAME: **C/O STEINBERG, CHARLES L**
STREET ADDRESS: **2869 SOUTH DELANEY AVE**
CITY-ST-ZIP: **ORLANDO FL**

TITLE: **D Jacob Siegel**
NAME: **C/O STEINBERG, CHARLES L**
STREET ADDRESS: **2869 SOUTH DELANEY AVE**
CITY-ST-ZIP: **ORLANDO FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME: **Some how Jacob Siegel's name was**
1.3 STREET ADDRESS: **left off - you only**
1.4 CITY-ST-ZIP: **showed the**

2.1 TITLE: Change Addition
2.2 NAME: **to address portion.**
2.3 STREET ADDRESS: **Charles L. Steinberg is**
2.4 CITY-ST-ZIP: **not on office or**

3.1 TITLE: Change Addition
3.2 NAME: **Director Just**
3.3 STREET ADDRESS: **part of address**
3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 its 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 checked, or on a statement with an address.

SIGNATURE: *Jacob Siegel* 407-
4/27/95 841-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR