

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 STEINBERG, ATTORNEY CHARLES L KEY CENTER S - 2869 S DELANEY AVE ORLANDO FL 32806 US**

3. Date incorporated or Qualified: **08/29/1963**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1164581**  
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 **517 S. Delaney Avenue**  
Suite, Apt. #, etc.: **#15-H**  
City & State: **Orlando, Florida**  
Zip: **32801-3824** Country: **Orange**  
2a. Mailing Address  
26 **517 S. Delaney Avenue**  
Suite, Apt. #, etc.: **#15-H**  
City & State: **Orlando, Florida**  
Zip: **32801-3824** Country: **Orange**

9. Name and Address of Current Registered Agent  
**STEINBERG, ATTORNEY CHARL (correct: Charles) KEY CENTER SOUTH 2869 SOUTH DELANEY ORLANDO FL 32806**  
10. Name and Address of New Registered Agent  
81 Name: **STEINBERG, ATTORNEY CHARL (correct: Charles)**  
82 Street Address (P.O. Box Number is Not Acceptable): **KEY CENTER SOUTH 2869 SOUTH DELANEY**  
83 **ORLANDO FL 32806**  
84 City: **Orlando** 85 Zip Code: **32806**

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: Sign for profit name of registered agent and the state. (Do not sign for Agent if sign while registered agent is still in office.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>address</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, JACOB</b>	1.2 NAME	
STREET ADDRESS	<b>2869 SOUTH DELANEY AVENUE</b>	1.3 STREET ADDRESS	<b>517 S. Delaney Avenue #15-H</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>address</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, JACOB</b>	2.2 NAME	
STREET ADDRESS	<b>2869 SOUTH DELANEY AVENUE</b>	2.3 STREET ADDRESS	<b>517 S. Delaney Avenue #15-H</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, changed, or on an attachment with an address.

SIGNATURE: *Jacob Siegel*  
JACOB SIEGEL, LIMITED LIABILITY COMPANY MEMBER OR DIRECTOR

May 21, 1996 (407) 841-2261

CR2E034 (12/95)