

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name

DORET SHOPS, INC.

Mailing Address

6700 102ND AVE SUITE 502B
% OCEANSIDE ESTATES
PINELLAS PARK FL 34666-9903

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
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4. FEI Number	Applied For
59-1164581	Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2a. Mailing Address

21 517 S. Delaney Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #15-H

27

City & State

City & State:

23 Orlando, Florida

28

Zip	Country
24 32801-3824	25 Orange

Zip	Country
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, ATTORNEY CHARL (correct: Charles)
KEY CENTER SOUTH
2889 SOUTH DELANEY
ORLANDO FL 32806

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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

Signature (typed or printed name, of respondent, agent and the individual owner)

DOI: 10.1002/ajoc.1

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SIEGEL, JACOB
STREET ADDRESS	2869 SOUTH DELANEY AVENUE
CITY- ST- ZIP	ORLANDO FL

TITLE	D
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CITY-ST-ZIP	ORLANDO M

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	
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CITY - ST - ZIP	

TITLE	
NAME	
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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
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:

May 21, 1996 (407) 841-2261

SIGNATURE AND TYPE-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Date Rec'd: _____

CR2E034 (12/95)