

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 411849 (3)

1. Corporation Name

DORAN & CO.

Principal Place of Business

400 SW BOCA RATON BLVD
P O BOX 250
BOCA RATON FL 33429-7250

Mailing Address

400 SW BOCA RATON BLVD
P O BOX 250
BOCA RATON FL 33429-7250

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DORAN, PETER F.
400 SW BOCA RATON BOULEVARD
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Created

10/31/1972

3a. Date of Last Report

03/07/1995

4. FEI Number

59-1478708

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.010(2) and 607.1408, Florida Statutes, I, a above named corporation, submit 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 607.010(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
DORAN (PETER F.)
STREET ADDRESS
400 SE SPANISH TRL
CITY, ST, ZIP
BOCA RATON FL

2. TITLE ☐ DELETE

NAME
DORAN (MOLLY MCG)
STREET ADDRESS
400 SE SPANISH TRL
CITY, ST, ZIP
BOCA RATON FL

3. TITLE ☐ DELETE

NAME
DORAN (ELLEN M.)
STREET ADDRESS
2929 S OCEAN BLVD
CITY, ST, ZIP
BOCA RATON FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Peter F. Doran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

407-395-1102

ENTER HERE

CR2E034 (12/95)