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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33429-0250

3. Date Incorporated or Qualified: 10/31/1972  
3a. Date of Last Report: 03/20/1996  
4. FEI Number: 59-1478708  
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: [x] Yes [ ] No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
DORAN, PETER F.  
400 SW BOCA RATON BOULEVARD  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent  
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 607.0502 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: \_\_\_\_\_

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for Peter F. Doran, Molly MCG Doran, and Ellen M. Doran.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 3.1-3.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 4.1-4.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 5.1-5.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP.

14. I do 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: \_\_\_\_\_ DATE: 1/28/97

CP2E034 (9/96)