FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

411849

(3)

DORAN & CO.

Principal Place of Business

Mailing Address

400 SW BOCA RATON BLVD

400 SW BOCA RATON BLVD P O BOX 250

FILED Feb 05 1998 8:00am Secretary of State



P O BOX 250 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33429-7250 BOCA RATON FL 33429-7250 3. Date Incorporated or Qualified <u> 10/31/1972</u> 2. Principal Place of Business
21 345 W.TALMETTO PARKED 2a. Mailing Address 4. FEi Number Applied For P.O. BOX Not Applicable 59-1478708 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State Çity & State 6. Election Campaign Financing \$5.00 May Be ATON. YICA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33429-4 150 Personal Property Tax due June 30. Yes Yes □ No 25 USA 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DORAN, PETER F. Street Address (P.O. Box Number is Not Acceptable 345 W. PALMETTO 400 SW BOCA RATON BOULEVARD 82 አ ዖ PALMETTO ARK **BOCA RATON FL 33432** CityBoeA <u>؆ؿڮٷ</u> ۮڰڒٷڰ KATON 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 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE 1.2 NAME NAME DORAN (PETER F.) 400 SE SPANISH TRL 1.3 STREET ADDRESS STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE 2.2 NAME DORAN (MOLLY MCG) NAME 400 SE SPANISH TRL 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME DORAN (ELLEN M.) 2929 S OCEAN BLVD 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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:

REQUIRED

1-31-98

561-367-6004