

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 518015 (3)

1. Corporation Name

HARRY M. DORN, INC.



Principal Place of Business

250 CATALONIA AVE.  
SUITE 303  
CORAL GABLES FL 33134

Mailing Address

250 CATALONIA AVE.  
SUITE 303  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
11/05/1976

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 2055 ARCH CREEK DRIVE

26 2055 ARCH CREEK DRIVE

4. FEI Number

13-2515083

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORN, HARRY M.  
250 CATALONIA AVE. #303  
CORAL GABLES FL 33134

81 Name  
DORN, NORA

82 Street Address (P.O. Box Number is Not Acceptable)  
2055 ARCH CREEK DRIVE

83

84 City  
No. MIAMI

FL

85 Zip Code  
33181

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

(ND)

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

2/27/96

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DORN, HARRY M.  
STREET ADDRESS 250 CATALONIA AVE. #303  
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE D  
NAME DORN, NORA  
STREET ADDRESS 250 CATALONIA AVE. #303  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME DORN, NORA  
2.3 STREET ADDRESS 2055 ARCH CREEK DRIVE  
2.4 CITY-ST-ZIP No. MIAMI, FL 33181 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or in an attachment with an address.

SIGNATURE:

(ND)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

305-891-5966

Daytime Phone #

CR2E034 (12/95)