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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 627595

(2)

DOZCO ENTERPRISES, INC.

Principal Place of Rusiness Mailing Address

**FILED** Feb 03 1997 8:00am Secretary of State



r interped t lack	or or process to over	17.diii. 19 7.ddi(000		1				
12130 SYCAMO	DRE LANE " TENOH-EL 33414	12130 SYCAMORE LANE WEST PALM BEACH FL 3	1414.5644		•			
US TACM D	CNOTT SOLIT	US US	214-004	l				
	-			3. Date Incorporated or Qualified 3a. Date of Last Repo			eport	
2. Principal Pl	lace of Business	2a, Mailing Address			Number	1 44		oplied For
21 //09		26 11094 M	ONETLA	NE !	59-1919173		<del> </del>	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			<u> </u>		<del></del>	Additional
22		27		-	ertificate of Status Desired	لبيا	Fee Re	equired
	Bch Gordens Fla	28 Tahm Bah	GARDENS	He Tru	ection Campaign Financing ust Fund Contribution			May Be to Fees
Zip 24 33,	Country 1	Zip	Country C	)   8. Ih	is corporation has liability for			199.032,
24 23	g. Name and Address of Current	29 3 3 F/O	30 4 5 7		orida Statutes	Yes 🗆		
Since		registered Agent	81 Name			gistered A	gent	
	SDOURIAN, BRUCE			proce	Dosdou		$\sim$	
	10 CARRIAGE LANE		82 Street	Address (P.O.	Box Number is Not Acceptate	ole)		, ,
WES	ST PALM BEACH FL 33414		83	094 1	MONET LAN	<u> </u>		
				^				
		~.	64 900	A A B	each Garden	c El	85 Zip	Code 3 4/0
11. Pursuant	to the grovi ions of Sections 607.0502	and 607.1508. Florida Statut	es, the above named	comparation s	ubmits this statement for the r	Durpose of		
office or re	to the providions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida. Such change was a	uthorized by the cor	rpor don's boa	rd of diffectors. I hereby accer	ot the appo	intment as	registered
	m languar with and accept the disignati	ons off section but thous, Fit	orida Statules:	13 <i>10/1</i> 41			1.21	8.9-1
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered Agent signatur	e red red when rein	staling	DATE	1 -	
12.	OFFICERS AND		13.		DITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE	P			Change	Addition
NAME	Dosdourian, Bruce		1.2 NAME	Dosd	ourIAH, Ber	ue_		
STREET ADDRESS	12130 SYCAMORE LANE		1.3 STREET ADDRESS	1109	+ MOVET LAN	E		
CITY-ST-ZIP	W. PALM BCH: FL		1.4 CITY - ST - ZIP	Palm	Beach Garo	ens	Flu	33410
TITLE	V	DELETE	2.1 TITLE	1			Change	Addition
NAME	DOSDOURIAN, MARY		2.2 NAME	Dosdo	WEIDH, MARY	ANE		
STREET ADDRESS	12130 SYCAMORE LANE		2.3 STREET ADDRESS	1109	4 MONET L	ane	ا سا	
CITY-ST-ZIP	W. PALM BCH. FL		2. 4 CITY - ST - ZIP	Pah	n Beach Gat	dens	FIR	<i>- 33 ∜/</i>
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3 2 NAME	İ				
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-7IP			3.4. CITY - ST - ZIP					
THTLE	·	☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-7/P			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	51 TITLE			,	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-7/P			5.4 CITY+SY-ZIP	<u> </u>				
TITLE		DELETE	61 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS	,		63 STREET ADDRESS					
CITY-\$T-ZIP			64 CITY-ST-ZIP					
14. I do heret	by certify that the information supplied	with this filing does not quali	for the exemption	stated in Section	on 119.07(3)(i), Florida Statute	s. I further	certify that	the
i am an o	by certify that the information supplied in indicated on this irrinual report or su fficer or director of the corport to have	ie receiver or trustee empow	gred to execute this	report as requ	ired by Chapter 607, Florida S	si enect as Statutes; an	d that my	name

Druck Hosdowian 1.28.97

SIGNATURE: