FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 APR 1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F88551 (9)

1. Corporate Name

DORSA LIMITED, INC.

Principal Place of Business	Mailing Address
OCEAN REEF CLUB STAFF ANCHOR DR. HOUSING KEY LARGO FL 33070	120 SABAL PALM LANE TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1982	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2208898	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	

2. Principal Office Address — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / County — 30

9. Name and Address of Current Registered Agent

DORSA, CHARLES W
120 SABAL PALM LANE
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DORSA, CHARLES W
STREET ADDRESS	120 SABAL PALM LANE
CITY-ST-ZIP	TAVERNIER FL
TITLE	ST
NAME	DORSA, GRACE A
STREET ADDRESS	120 SABAL PALM LANE
CITY-ST-ZIP	TAVERNIER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
2) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
3) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
4) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
5) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
6) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: X *Grace A. Dorsa* GRACE A. DORSA — 4/18/95 — 305-852-3196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0118823 CP