FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Feb 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (6) DOLLY DUZ, INC. Principal Place of Business Mailing Address 2200 GLADES RD. STE 305 2200 GLADES RD. STE 305 **BOCA RATON FL 33431 BOCA RATON FL 33431-7348** 3a. Date of Last Report 3. Date Incorporated or Qualified 10/15/1982 01/26/1996 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Applied For 59-2230743 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARCUS, SCOTT 2200 GLADES RD STE 305 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 85 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6 12. 13. DELETE ☐ Change ■ Addition TITLE 1.1 TITLE MARCUS, SCOTT NAME 1.2 NAME 2200 GLADES RD, STE #305 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - Z)P DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 1

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

STREET ADDRESS CITY - ST - ZIP