

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG -5 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G85331 (8)

1. Corporation Name
S. DOCTOR AND ASSOCIATES, INC.



Principal Place of Business 8925 SW 148 ST. SUITE 206 MAJLLE 33170 U.S.	Mailing Address 35136 ASSEMBLY AVE P.O. BOX 570816 MIAMI FL 33257 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1984	3a. Date of Last Report 02/06/1996
4. FEI Number 59-2387455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 35136 ASSEMBLY AVE	2a. Mailing Address 26 35136 ASSEMBLY AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EUSTIS FL 32736	City & State 28 EUSTIS FL 32736
Zip 24 32736	Country 25 LAKE
Zip 29 32736	Country 30 LAKE

9. Name and Address of Current Registered Agent

**DOCTOR, SEYMOUR
23166 ASSEMBLY DRIVE 35136 ASSEMBLY AVE
EUSTIS FL 32736**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PO	<input type="checkbox"/> DELETE
NAME DOCTOR, SEYMOUR	
STREET ADDRESS 35136 ASSEMBLY AVE	
CITY-ST-ZIP EUSTIS FL 32736	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****165.00 ****165.00

S. Doctor
8-2-97

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 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: Seymour Doctor (352) 357-8038
7/21/97

CRE034 (4/97)

7/31/97 (2)

From: S. Doctor + Associates Inc.
35126 Assembly Dr.
EUSTIS, Florida 32736
Florida

To: Department of State (904) 487-6051

Subject: Profit Corporation Annual Report 1997
First ^{SENT} Notice to Incorrect Address.

IN accordance with my phone conversation with your office this date; I am notifying you that the first Notice was sent to an incorrect address. As instructed I have made corrections, and am herewith remitting form with a check for \$165.

Thank you.

Seymour Doctor
President

S. Doctor + Associates Inc

59-2387455