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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H85336** **(6)**

1. Corporation Name

THE DORSI COMPANY

Principal Place of Business	Mailing Address
9690 W. SAMPLE ROAD SUITE 201 CORAL SPRINGS FL 33065 US	P.O. BOX 8129 4944 N.W. 48 AVE. CORAL SPRINGS FL 33319 US

2. Principal Place of Business 21 4944 N.W 48 AV	2a. Mailing Address 26 P.O. Box 8129
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMARAC FL	City & State 28 CORAL SPRINGS FL
Zip 24 33319 Country 25 US	Zip 29 33075 Country 30 US

3. Date Incorporated or Qualified 11/12/1985	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2637417	☐ 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

WILPON, SIMON
4944 NW 48 AVE
TAMARAC FL 33319

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 607.1506, 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required where shown above)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILPON, SIMON		1.2 NAME	
STREET ADDRESS	4944 NW 48 AV		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILPON, DORIS		2.2 NAME	
STREET ADDRESS	4944 NW 48 AV		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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5/16/96

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 on an attachment with an address.

SIGNATURE: _____ SIMON WILPON 3-25-96 954-731-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)