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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90404

(5)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

W. R. DORMINY, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Principal Place of Business Mailing Address

310 SALVADOR SQUARE PO BOX 1344
WINTER PARK FL 32789 WINTER PARK FL 32790
US

26

27

28

29

Country

9. Name and Address of Current Registered Agent

25

DORMINY, WILLIAM R.

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

4076290838

Not Applicable

3. Date Incorporated or Qualified

12/16/1985

59-2620270

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

| 310 SALVADOR SQUARE | | | Street Address (P.O. Box Number is Not Acceptable) | | |
|---|------|---|--|---|--|
| WINTER PARK FL 32789 | | 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 Signature, byced or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent sign. 12. OFFICERS AND DIRECTORS 13. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | .1 TITLE | | ADDITIONS/CHANGES TO GITTLERS AND DIRECTORS IN 12 | |
| NAME | _ | 2 NAME | | | |
| | | | ADDDECC | | |
| STREET ADDRESS | 1.00 | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | L | |
| CITY-ST-ZIP TITLE | | .1 TITLE | 1-414 | Change Addition | |
| NAME | | .2 NAME | | | |
| | | 2.3 STREET ADD | | | |
| STREET ADDRESS | | 2.4 CITY-ST-7 | | | |
| TITLE | | .4 CHY-S | 11-214 | Change Addition | |
| NAME | _ | 2 NAME | | | |
| STREET ADDRESS | | 3 STREET | ADDDECC | | |
| CITY-ST-ZIP | | .4. CITY-S | | | |
| TITLE | | .1 TITLE | 1-Lir | Change Addition | |
| NAME | | 2 NAME | | | |
| STREET ADDRESS | | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | .4 CITY - S | | | |
| TITLE | | I TITLE | | ☐ Change ☐ Addition | |
| NAME | 5 | 2 NAME | | | |
| STREET ADDRESS | 5 | .3 STREET | ADDRESS | | |
| CITY-ST-ZIP | 5 | 4 CITY-S | -ZIP | | |
| TITLE | | 1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | 2 NAME | | | |
| STREET ADDRESS | . 6 | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | 6 | 4 CITY - S | r-ZIP | | |
| 14. I 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 supplied in the same legal effect as if made under oath; that I am an | | | | | |
| indicated on this annual report or supplies fittal 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 of 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 the an alternative with an address. | | | | | |

Country

Name

30