

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida  
3900 G. W. Childers Blvd., Tallahassee, Florida 32309-0001

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H93100** (6)

**DORBAR, INC.**

Principal Office Location: C/O RALPH HANSEN, 12380 MCGREGOR PALMS DRIVE, FT MYERS FL 33908, US  
Mailing Address: C/O RALPH HANSEN, 12380 MCGREGOR PALMS DRIVE, FT MYERS FL 33908, US

2. Principal Office Telephone: 21  
2a. Mailing Address: 26  
3. Date of Incorporation or Qualification: 01/07/1986  
3a. Date of Last Report: 05/01/1994  
4. FTT Number: 59-2610901  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: HANSEN, RALPH, 12380 MCGREGOR PALMS DRIVE, FT MYERS FL 33908

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 FL

11. Pursuant to the provisions of Sections 607.09(2) and 607.11(8) Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office re-registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.09(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: DROBNYK, BRUCE K. STREET ADDRESS: 1517 SANDCASTLE ROAD CITY: SANIBEL ISLAND FL		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DROBNYK, BARBARA B. STREET ADDRESS: 1517 SANDCASTLE ROAD CITY: SANIBEL ISLAND FL		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HANSEN, RALPH M. STREET ADDRESS: 12380 MCGREGOR PALMS DRIVE CITY: FT MYERS FL		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HANSEN, DOROTHY O. STREET ADDRESS: 12380 MCGREGOR PALMS DRIVE CITY: FT MYERS FL		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ STREET ADDRESS: _____ CITY: _____		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ STREET ADDRESS: _____ CITY: _____		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____ STREET ADDRESS: _____ CITY: _____		12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and correct to the best of my ability for the corporation stated in Section 607.09(2) and Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered agent or authorized person to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this form. I am an officer, director or authorized person.

SIGNATURE: SIGNATURE AND TYPE OR PRINT NAME OF BOARD OFFICER OR DIRECTOR

5/3/95

PIB-466-163B