

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # J12056

(4)

1. Corporation Name

MARGARITA D. ENTERPRISES INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:00

Principal Place of Business

214 SKIFF PT.  
CLEARWATER FL 34630

Mailing Address

214 SKIFF PT.  
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1986

3a. Date of Last Report

01/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2679347

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

DOHRMAN, EDWARD R.  
214 SKIFF PT.  
CLEARWATER FL 34630

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 607.1508, 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 (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DOHRMAN, EDWARD R.
STREET ADDRESS	214 SKIFF PT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	VTD
NAME	DOHRMAN, THEODORE J.
STREET ADDRESS	224 SKIFF PT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	S
NAME	DOHRMAN, MARGARITA
STREET ADDRESS	214 SKIFF PT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in this 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 a registered agent, and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report.

SIGNATURE: Edward R. Dohrman, President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Jan. 10, 1995 (813)461-3290