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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J74688 (9)

1. Corporation Name
STUART DOPPELT ENTERPRISES, INC.



Principal Place of Business

437 TOWN CENTER MALL
BOCA RATON FL 33431
US

Mailing Address

437 TOWN CENTER MALL
BOCA RATON FL 33431
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

437 PLAZA REAL

City & State

BOCA RATON, FL.

Zip

33432

Country

PALESTINE

2a. Mailing Address

26

Suite, Apt. #, etc.

437 PLAZA REAL

City & State

BOCA RATON, FL.

Zip

33432

Country

PALESTINE

3. Date Incorporated or Qualified

05/27/1987

3a. Date of Last Report

04/19/1996

4. FEI Number

65-0045038

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

DOPPEL, RONI
7445 FENWICK PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

RONI DOPPELT

82 Street Address (P.O. Box Number is Not Acceptable)

3615 SO. OCEAN BLVD.

83

84 City

HIGHLAND BEACH, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	DOPPELT, STUART	
STREET ADDRESS	7445 FENWICK PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DOPPELT, RONI	
STREET ADDRESS	7445 FENWICK PLACE	
CITY-ST-ZIP	BOCA RATON FL	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STUART DOPPELT	
1.3 STREET ADDRESS	3615 SO. OCEAN BLVD.	
1.4 CITY-ST-ZIP	BOCA RATON, FL, HIGHLAND BEACH, FL	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONI DOPPELT	
2.3 STREET ADDRESS	3615 SO. OCEAN BLVD.	
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL	
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 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:

SIGNATURE REQUIRED

4/5/97

(561) 538-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0622112

CP2E034 (9/96)