

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K40630

(1)

1. Corporation Name

DOREEN'S OF BOCA EAST, INC.

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

349 PALMETTO PARK RD
BOCA RATON FL 33432

349 PALMETTO PARK RD
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1988 3a. Date of Last Report: 04/26/1994

4. FEI Number: 65-0075905 Applied For: Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 347 East Palmetto PK Rd

27 347 East Palmetto PK RD

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33432

25 USA

29 33432

30 USA

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$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

10. Name and Address of New Registered Agent

GOLDSTEIN, MICHAEL
349 E PALMETTO PK RD
BOCA RATON FL 33432

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 607.1608, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: GARGANO, DOREEN
STREET ADDRESS: 3660 W. COMMERCIAL BLVD
CITY - ST - ZIP: FT. LAUDERDALE FL

1.1 TITLE: PTD ☒ Change ☐ Addition
1.2 NAME: Gargano, Doreen
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

TITLE: VSD
NAME: GOLDSTEIN, MICHAEL
STREET ADDRESS: 8177 W. GLADES RD
CITY - ST - ZIP: BOCA RATON FL

2.1 TITLE: VSD ☒ Change ☐ Addition
2.2 NAME: Goldstein, Michael
2.3 STREET ADDRESS: 6630 N.W. 41 Terr.
2.4 CITY - ST - ZIP: COCONUT CREEK FL 33073

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: ☐ Change ☐ 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 voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-95 407-7506755

Date

Daytime Phone