

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 024 ***150.00

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DOCUMENT # L09616

1. Corporation Name
DOHASO, INC.

Principal Place of Business
2726 SE 24TH CT
CAPE CORAL FL 33904-5918
US

Mailing Address
P O BOX 150328
CAPE CORAL FL 33915
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1989

4. FEI Number
65-0150236

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5654 DELIDO CT

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 CAPE CORAL, FL

28 City & State

24 Zip Country

29 Zip Country

24 33904 25 LEE

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEGMANN, GERD
2726 SE 24TH CT
CAPE CORAL FL 33904

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, 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 P ☐ DELETE

NAME DORETTA L BREE
STREET ADDRESS 5654 DELIDIO COURT
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME BREE, DORETTA L
STREET ADDRESS 5654 DELIDIO CT
CITY-ST-ZIP CAPE CORAL FL 33904

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME BREE, DORETTA L
STREET ADDRESS 5654 DELIDIO CT
CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS 5654 DELIDIO CT
CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME BREE, DORETTA L
STREET ADDRESS 5654 DELIDIO CT
CITY-ST-ZIP CAPE CORAL FL 33904

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)