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Apr 21 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 # L34598 (7)

1. Corporation Name
DOCKLER FINANCIAL SERVICES, INC.

Principal Place of Business

% STEVEN FRIEDMAN
245 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

Mailing Address

% STEVEN FRIEDMAN
245 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024-6715



2. Principal Place of Business	2a. Mailing Address
21 430 Chestnut Lane	26 430 Chestnut Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Weston FL	28 Ft. Lauderdale FL
Zip	Zip
24 33326	29 33326
Country	Country
25	30 Broward

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1989	09/16/1996
4. FEI Number	Applied For
65-0161389	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FRIEDMAN, STEVEN
245 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DOCKLER, LAURIE COHEN
STREET ADDRESS	1444 NW 28TH MANOR
CITY-ST-ZIP	SUNRISE-FL 430 Chestnut Lane Ft. Lauderdale FL 33326
TITLE	S
NAME	FRIEDMAN, STEVEN
STREET ADDRESS	245 NO. UNIVERSITY DR.
CITY-ST-ZIP	PEMBROKE PINE FL
TITLE	VD
NAME	DOCKLER, ALAN, I
STREET ADDRESS	1444 NW 28TH MANOR
CITY-ST-ZIP	SUNRISE-FL 430 Chestnut Lane Ft. Lauderdale FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0133829

CR2E034 (9/96)