

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 049 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000001541

1. Corporation Name

DORMUS GROUP HOME, INC.

616198-90011-49 8 *

Principal Place of Business

14620 NW 12 AVE
MIAMI FL 33168

Mailing Address

14620 NW 12 AVE
MIAMI FL 33168



2. Principal Place of Business

21 **14620 NW 12 Ave**

Suite, Apt. #, etc.

22 **MIAMI-FLORIDA**

City & State

23 **33168 Dade**

Zip

Country

24

2a. Mailing Address

26 **14620 NW 12 Ave**

Suite, Apt. #, etc.

27 **MIAMI-FLORIDA**

City & State

28 **33168 Dade**

Zip

Country

29

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0867264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DORMUS, SUZE
14620 NW 12 AVE
MIAMI FL 33168**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☐ DELETE

NAME **DORMUS, SUZE**
STREET ADDRESS **14620 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **VD** ☐ DELETE

NAME **DORMUS, LESLEY**
STREET ADDRESS **14620 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **SD** ☐ DELETE

NAME **DORMUS, NANCY**
STREET ADDRESS **14620 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **TD** ☐ DELETE

NAME **DORMUS, ANDRE**
STREET ADDRESS **14620 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suze DORMUS
Suze DORMUS
09-10-99

CR2E037 (5/99)