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Jan 29 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 # P92000011880 (1)

1. Corporation Name
DOR-SY CORPORATION

Principal Place of Business

**2751 N. MIAMI AVE.
MIAMI FL 33137**

Mailing Address

**2751 N. MIAMI AVE.
MIAMI FL 33127-4439**



3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

02/27/1996

4. FEI Number

65-0378987

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**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**ZEMEL AND KAUFMAN, P.A.
3550 BISCAYNE BLVD.
SUITE 603
MIAMI FL 33137**

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 in printed name of the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ **DELETE**

NAME **SELEVAN-BLOOM, DOREE**
STREET ADDRESS **2751 N. MIAMI AVE.**
CITY- ST- ZIP **MIAMI FL 33137**

TITLE ☐ **DELETE**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ **DELETE**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ **DELETE**

NAME

STREET ADDRESS

CITY- ST- ZIP

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**

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE ☐ **Change** ☐ **Addition**

22 NAME

23 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ **Change** ☐ **Addition**

32 NAME

33 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 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 #

CR2E034 (9/96)