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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 12 1997 8:00am Secretary of State

ROBERT DORNFORD INC.								
incipal Place of Business IS LANDRY CIRCLE INGWOOD FL 32750		Mailing Address 1343 LANDRY CIRCLE LONGWOOD FL 32750-28	198		t szarradt na satab test dátti áttit a	100 7 9 00 7 9 0 1 2 1 2	11 0 Brith 19 16)	1 \$111 1021
1 1 1 1 1					3. Date Incorporated or Qualified 02/01/1993		of Last Ro 6/1996	eport
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3173204			plied For at Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	, ,,		5. Certificate of Status Desired		\$8.75 A	Additional
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29	Count	ry	8. This corporation has liability fo		x under s.	
)	9. Name and Address of Curr				10. Name and Address of New F	egistered Ag	ent	
DOR	INFORD, ELIZABETH		8	1 Name				
1343 LANDRY CIRCLE LONGWOOD FL 32750			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)			
			8	3				
A				4 City		FL		Code
GNATURE	Signature, lyther or primard pathie of registered in	agent and title # applicable (NO	TE Registered A		poration submits this statement for the ation's board of directors. I hereby accured when reinstating)	DATE >8	the property	11597
F	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	S IN 12 Addition
țe Me	DORNFORD, ROBERT	L. DELETE	1.1 TITLE 1.2 NAM	1		L	T cuantic	L] Audilion
IEET ADDRESS	1343 LAMDRY CIRCLE			1				
Y+ST-ZiP	LONGWOOD FL 32750		1.3 STREET ADDRESS 1.4 City-St-Zip					
LE LE	S □ DELETE		2.1 TITLE				Change	Addition
ЯE	DORNFORD, ELIZABETH		2.2 NAM			* * *		
JEET ADDRESS	1343 LAMDRY CIRCLE		2.3 STREET ADDRESS					
Y - ST - ZIP	LONGWOOD FL 32750		2.4 CITY	-\$T-ZIP				
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ME.			3.2 NAM					
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(-ST-70)		DELETE	3.4. CITY				Change	☐ Addition
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, ST. 7IP			4.4 CITY					
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ry - ST - ZiP			5.4 CITY	·ST-ZIP				
t F		☐ DELETE	6.1 TITLE				Change	Addition
ME			6.2 NAM					
REEL ADDRESS				ET ADDRESS				
IY - ST - 7IP			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: