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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

2-6-97 941-643-5735

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008394 (6)

DORIA ENTERPRISES, INC.

Principal Place of Business

SIGNATURE:

3863 PROSPECT NAPLES FL 339		3863 PROSPECT AVE NAPLES FL 34104-3713		· · · · · · · · · · · · · · · · · · ·	
US		US		3. Date Incorporated or Qualified 01/24/1994	3a. Date of Last Report 06/17/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0462227	Not Applicable
Suite, Apt.	#, etc	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ē	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	- ├── ┐ ′ - ├	30	8. This corporation has liability for the Florida Statutes	Mes ☐ No
24	9. Name and Address of Curre		201	10. Name and Address of New Re	
DORIA, SERAFINE H 3014 COTTAGE GROVE AVE. NAPLES FL 33962			81 Name Serafin H Doria 82 Street Address (P.O. Box Number is Not Acceptable) 230 11th Street SW 83		
			84 City	311	FL 85 Zip Code 34117
Naples L 34117 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 r	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by the co	rporation's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	pro and tille if applicable (NOTE	Registered Agent signatur	e required when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	VP	☐ DELETE	1.1 TITLE		Change Addition
NAME	DORIA, ADAM		1.2 NAME		
STREET ADORESS	3014 COTTAGE GROVE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	——————————————————————————————————————	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	President	Change 🕱 Addition
NAME			2.2 NAME	Serafin H Doria	
STREET ADDRESS			2.3 STREET ADDRESS	230 11th Street SW Naples, F1 34117	√ _s
CITY - ST - ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Rapies, FI 34117	Change Addition
NAME			3.2 NAME		The state of the s
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7:P			3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET AODRESS			4.3 STREET ADDRESS	·	
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TOTLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ACIDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		L. Change L. Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	hy partify that the information counti	ad with this filing does not qualify	6.4 CITY-ST-ZIP	stated in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio Lam an o	on indicated on this annual report or	supplemental annual report is tri or the receiver or trustee empower	ue and accurate an ered to execute this	tated in Section 118.07(5)(i), Florida Statule d that my signature shall have the same legal report as required by Chapter 607, Florida S	al effect as if made under oath; that