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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000010651 (5)**

1. Corporation Name
WAIN-DORIE ENTERPRISES, INC.

Principal Place of Business
14500-1 SUMMERLIN TRACE CT.
FT. MYERS FL 33919

Mailing Address
14500-1 SUMMERLIN TRACE CT.
FT. MYERS FL 33919-6894

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business
21 2291 Cleveland Ave
22 Suite, Apt. #, etc
23 City & State: FT. Myers, FL
24 Zip: 33901 25 Country: LEE

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **65-0469598** ☐ 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

9. Name and Address of Current Registered Agent
DORY, DIXIE L.
14500-1 SUMMERLINE TRACE CT.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name: Jose A. Liranzo
82 Street Address (P.O. Box Number is Not Acceptable): 2291 Cleveland Ave
83 Mr. B's Bar & Grill
84 City: Ft. Myers FL 85 Zip Code: 33901

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] MAY 22, 1997
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	DORY, DIXIE L.	1.2 NAME	Liranzo, Jose A.
STREET ADDRESS	14500-1 SUMMERLIN TRACE CT	1.3 STREET ADDRESS	2291 Cleveland Ave.
CITY-ST-ZIP	NORTH FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] JOSE A. LIRANZO MAY 22 1997 941 334 0988