

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1997 8:00am
Secretary of State

Corporation Name DOVCO ENTERPRISES I, INC	DOCUMENT # P9400022631 (9)
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Mailing Address 10949 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410	Principal Place of Business 10949 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Mailing Address 1	2a. Principal Place of Business 26	3. Date Incorporated or Qualified 04/14/94	3a. Date of Last Report 03/09/1996
2. Suite, Apt. #, etc. 2	27. Suite, Apt. #, etc. 27	4. FEI Number 65-0481977	Applied For Not Applicable
3. City & State 3	28. City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
4. Zip 25	29. Zip 29	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25	Country 29	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TOWE, DONNA
11202 PINE VALLEY DR.
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81. Name NO CHANGE
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL
85. Zip Code

1. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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, am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE *Donna C. Towe, President* DATE **5/6/97**
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE D/V/S	1.2 NAME TOWE, DAVID J.	1.3 STREET ADDRESS 11202 PINE VALLEY DR.	1.4 CITY-ST-ZIP W. PALM BEACH FL	1.1 TITLE NO CHANGES	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE P/T	2.2 NAME TOWE, DONNA C.	2.3 STREET ADDRESS 11202 PINE VALLEY DRIVE	2.4 CITY-ST-ZIP W. PALM BCH. FL	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Towe* (DAVID J. TOWE) 4/29/97 407-193-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #