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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000030587

1. Corporation Name

DORAL WOODS MANAGEMENT INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 20. 1994
3a. Date of Last Report: NONE

2. Principal Place of Business
21: 1633 EAST VINE ST.
Suite, Apt #, etc
22: SUITE 205
City & State
23: KISSIMMEE FL.
Zip
24: 34744
County
25: USA

2a. Mailing Address
26: P.O. BOX 421871
Suite, Apt #, etc
27:
City & State
28: KISSIMMEE FL.
Zip
29: 34742-1871
Country
30: USA

4. FEI Number: 59-3254790 ☐ 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

7. This corporation has paid for the requisite tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHN BRIAN HOLLINGSWORTH
2912 ELDIENTE WAY
KISSIMMEE
FL 34758

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 (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	11 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	JOHN BRIAN HOLLINGSWORTH	12 NAME	JANET E. COWELL	
STREET ADDRESS	2912 ELDIENTE WAY	13 STREET ADDRESS	5303 FOREST BREEZE COURT	
CITY ST ZIP	KISSIMMEE FL 34758	14 CITY ST ZIP	ST CLOUD FL 34771	
TITLE	COMPANY SECRETARY	21 TITLE		☐ Change ☐ Addition
NAME	IRENE HOLLINGSWORTH	22 NAME		
STREET ADDRESS	2912 ELDIENTE WAY	23 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL 34758	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME	900001478099	
STREET ADDRESS		33 STREET ADDRESS	-05/08/95--01014--014	
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	$25/11	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: J Hollingsworth JOHN BRIAN HOLLINGSWORTH (407) 931 3295
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

APRIL 28, 1995