

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000081644 (4)**

1. Corporation Name
JEFFREY DOERR, INC.



Principal Place of Business
**1036 PINE ISLAND RD. #12
CAPE CORAL FL 33909**

Mailing Address
**1036 PINE ISLAND RD. #12
CAPE CORAL FL 33909**

3. Date Incorporated or Organized 11/04/1994	3a. Date of Last Report 08/24/1995
4. FEE Number 65-0532884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21. Suite, Apt., #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt., #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**DOERR, JEFFREY
4826 MARINE DR. #803
CAPE CORAL FL 33904**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 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, Sections 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOERR, JEFFREY L	
STREET ADDRESS	4826 MARINE DR 803	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and of the best of my knowledge and belief, and that the information 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 and the recipient or transferee of the corporation's report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if correct, or clear attachment with an affidavit.

SIGNATURE:

Jeffrey Doerr **JEFFREY DOERR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

772-9007

CR2E034 (12/95)