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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

5000002550	(8)
	5000002550 (

DOUGLAS J WRIGHT INC

Dvi	incinal Place	of Business		4.9									
Principal Place of Business Mailing Address 1100 S FEDERAL HWY SUITE 4 1100 S FEDERAL HWY SUITE 4							- cancent iin ihidt miitt mill @Bill	#### #################################	14 H##1	.a. alili 4616 4686			
		HAL HWY SUITE 4 EACH FL 33435		1100 S FEDERAL I BOYNTON BEACH									
	Dein sin at All	10							Date Incorporated or Qualified 01/10/1995	3a. Date	of Last	Report	
2. 21	Principal Pla	lace of Business 2a. Mailing Address						4.	FEI Number			Applied For	
21	Duito Ant a	26							65-05408	19	ļ	Not Applicable	
22	Suite, Apt. #	H, ERC.	F-0	Suite, Apt #, etc.				5.	Certificate of Status Desired		\$8.7	5 Additional	
	City & State	3	27							<u> </u>	Fee	Required	
23	·		28	City & State					Election Campaign Financing		\$5.	00 May Be	
	Zip	Country		Zip	Count				Trust Fund Contribution			ed to Fees	
24		25	29	* Tr	30	ıy		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No					
		9. Name and Address	of Current Regis	stered Agent				L	Name and Address of New Ro				
				····	8	1 1	Name	10.	Manie and Address of Man M	egistered /	.gent		
	WRIGHT.	DOUGLAS J			L	<u> </u>							
		EDERAL HWY SUITE 4			8	2 5	Street Addre	ess (P.0	 Box Number is Not Acceptable 	θ)			
		N BEACH FL 33435			6	3							
					L_]							
	1	•			8	4	City				85 Z	ip Code	
11.	Pursuant le	the provisions of Sections	607.0502 and 60	7,1508, Florida Sta	tutes, the above	nan	and corooca	tion e	ibmits this statement for the purp	FL			
	or registera familiar vitt	ed agent, or both, in the Sta h, and accept the obligation	e of Florida, Such	change was author	prized by the cor	pora	ition's board	d of dir	ibmits this statement for the purp actors. I hereby accept the appo	oose of cha intment as	nging its reaistere	registered office i d agent. I am	
eic	-	,	or, section con.	0000, rionda Statu	nes.						U		
310	SNATURE 👍	signature, typed or printed name of reg	stered agent and title if a	Brank Abie	(NOTE: Rugistered Ag	out ca	north section about						
12.			ERS AND DIREC		13.		richard registrage y		NOTIONS/CHANGES TO OFFICE	DATE	DIDEAT	000 111 40	
TITLE	E	D		[] DELFTE	1. 1 1/16	 :	T	·	SOMONO/OF IANGES TO OFFIC		Change		
NAM	IE	WRIGHT, DOUGLAS .			1.2 NAME					L.	Johange	L Audition	
STRE	ET ADDRESS	1100 S FEDERAL HW	1.3 STREE			DRESS							
CITY	-ST-7IP	BOYNTON BEACH FL	33435		1.4 CITY - ST - ZIP								
TITLE	·]			DELFTE	2 1 TI'LE						Change	Addition	
NAMi	£				2.2 NAME					L	Unange	L Addition	
STRE	ET ADORESS				2 3 STREET ADDRESS								
CITY	- ST - ZIP				2 4 CITY -						1		
TITLE	.			DELETE	****	3 1 TITLE					Change	Addition	
NAME	£ {				3.2 NAME					L	Onlango		
STRE	E1 ADDRESS				33 51988	T ADI	DRESS					ľ	
	- ST - ZIP				3 4 CITY-	SI - Zil	P						
TITLE				DELETE	4.1 TITLE						Change	[] Addition	
NAME	E				4.2 NAME					_			
STREE	ET ADDRESS				43 STREE	T ADO	RESS					J	
	-ST-ZIP		****		4.4 CITY~	ST-ZIF	Þ		en e				
TITLE				DELETE	5. 1 TITLE		-		00000183 -05/24/960102	şop	Change	□ Addition	
NAME					5.2 KAME				~U3/Z4/96~-U102	/bI)]/	, "		
STREE	ET ADDRESS				5.3 STREE	LADDI	RESS		***200.00				
	ST-ZIP				5.4 CITY - 1	\$1-7IF	,					ļ	
TITLE	ſ			DELETE	6 1 TITUE						Change	Addition	
NAME					6.2 NAME					_	-		
	T ADDRESS				6.3 STREES	ADDE	RESS						
	ST-ZIP		·		6.4 CHY-5	ST - ZIE	,						
14,	certify that the	cernly that the information s he information indicated on t	upplied with this this this to	iling is voluntarily fu	mished and doe	s no	t qualify for	the ex	emption stated in Section 119.07	7(3)(k), Florid	da Statut	es. I further	
	oath; that I a appears in E	am an officer or director of the Block 12 or Block 13 if chan	ie prporation of ook or on in atta	the receiver or trust ichment with an ad	tee empowered dress.	to ex	id accurate (ocute this ri	and the report a	emption stated in Section 119,07 at my signature shall have the sa as required by Chapter 607, Flori	ame legal el da Statutes	fect as if ; and tha	made under at my name	

SIGNATURE:

AND WEDGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Daytme Phone #

