

***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

DOCUMENT # **P95000063734**

1. Corporation Name

DOLL LAND, INC.

Principal Place of Business

Mailing Address

**7230 W. ATLANTIC
MARGATE, FL
33063**

2. Principal Place of Business

2a. Mailing Address

21 **7230 W. ATLANTIC**

26 **7230 W. ATLANTIC**

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **MARGATE, FL**

28 **MARGATE, FL**

Zip Country

Zip Country

24 **33063**

25 **BROWARD**

29 **33063**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEVIN M. LaMONTAGNE
646 E. OCEAN AVE
BOYNTON BCH. FL. 33435**

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

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** ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **CHERYL A. BARD**

1.2 NAME

STREET ADDRESS **3831 N.E. 12th TERR.**

1.3 STREET ADDRESS

CITY-ST-ZIP **POMERANO BCH. FL. 33064**

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VICE PRESIDENT** ☐ DELETE

2.1 TITLE

NAME **118 N.E. 44th ST. Patricia G. Drake**

2.2 NAME

STREET ADDRESS **POMERANO BCH. FL. 33064**

2.3 STREET ADDRESS

CITY-ST-ZIP **POMERANO BCH. FL. 33064**

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **Sec. TREASURER** ☐ DELETE

3.1 TITLE

NAME **PAM MILLS**

3.2 NAME

STREET ADDRESS **7810 N.W. 74th AVE.**

3.3 STREET ADDRESS

CITY-ST-ZIP **TAMARAC, FL. 33321**

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**900001807229
-05/03/96--01085--005**

*****200.00**

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. 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, changed, or on an attachment with an address.

SIGNATURE:

Patricia G. Drake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 954-971-2130
Date Daytime Phone #

CR2E034 (12/95)