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PROFIT "
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000068376 (9)

DORSCHER PLAZA, INC.

Principal Piace of Business	Mailing Address			
7829 GREENBRIAR PARKWAY	7829 GREENBRIAR PARKWAY			
ORLANDO FL 32819	ORLANDO FL 32819			



					08/31/1995	Sa. Date or L	
2. Principal Plac	ice of Business	2a. Mailing Addres	ss		4. FEI Number		Applied For
21		26			59-3370197		Not Applicable
Suite, Apt. #	I, elc.	Suite, Apt. #, ε	eto.		5. Certificate of Status Desired	K \$1	B.75 Additional Fee Required
City & State		City & State	M		Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be Added to Fees
Zφ	Country 25	Zip 29	Gountr 30	у	8. This corporation has liability for i		ders 199.032,
<u>.</u>	9. Name and Address of Co				10. Name and Address of New R	egistered Age	nt
			81	Name			
D0001	4441 41441 6 17 4				(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1.1	
ROSSMAN, NANCY A		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	REENBRIAR PARKWAY		83	3			
ORLAN	IDO FL 32819						
•			84	7 - 7		FL 8	
or registere • familiar with ¹ SIGNATURE	of the provisions of Sections 607 ed agent, or both, in the State of th, and accept the obligations of,	f Florida. Such change was a , Section 607,0505, Florida S	uthorized by the cor	poration's boa	ration submits this statement for the pur rd of directors. I horeby accept the appointment (appointment of the pure statement)	ointment as regi	stered agent. I am
12.		S AND DIRECTORS	13.	og blob myst	ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS IN 12
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4. 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 further certify that the information indicated on this annual report or suppliemental 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:

SHATURE AND TYPED OR PRINT ID NAME OF SIGNING OFFICER OR DIRECTOR

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