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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091806 (6)

1. Corporation Name

THE DORAN JASON GROUP OF OCALA, INC.



Principal Place of Business

8600 DORAL BLVD. STE 101
MIAMI FL 33166

Mailing Address

8600 DORAL BLVD. STE 101
MIAMI FL 33166

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Country

29 Zip

9. Name and Address of Current Registered Agent

JASQN, PATRICIA C
8600 DORAL BLVD. STE 101
MIAMI FL 33166

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 607.0602 and 607.0604, 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 attest that appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PTD	KATSIKOS, LEE	12981 SO. HIGHWAY 475	OCALA FL 34471	☐
VSD	JASON, DORAN A	4515 NO. BAY ROAD	MIAMI BEACH FL 33140	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

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. I 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 it were a sworn oath that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and on an attached sheet, if any, as required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE S. KATSIKOS President 2/4/96

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***200.00

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