

**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 # P95000094363 (5)**

1. Corporation Name

**D.O.V. INC.**

*Korf, inc. changed*

Principal Place of Business

**6278 N. FEDERAL HIGHWAY, #416  
FT. LAUDERDALE FL 33308**

Mailing Address

**6278 N. FEDERAL HIGHWAY, #416  
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

21 **1501 E. Hallandale Bch Blvd**

Suite, Apt. #, etc.

22 **311**

City & State

23 **Hallandale, FL**

Zip

24 **33009**

Country

25 **U.S.A.**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**12/07/1995**

3a. Date of Last Report

**12/07/95**

4. FEI Number

**65-0634614**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee 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. 190.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KLET'S, OLEG**

**6278 N. FEDERAL HIGHWAY, #416  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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]*

*Doumed Bahloul*

**7/17/96**

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D KLET'S, OLEG**  
STREET ADDRESS **6278 N. FEDERAL HIGHWAY, #416**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ DELETE

NAME **D FILIPOVA, VICTORIA**  
STREET ADDRESS **6278 N. FEDERAL HIGHWAY, #416**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D, Vice President**  
STREET ADDRESS **Klets, Oleg**  
CITY-ST-ZIP **1501 E. Hallandale Beach Blvd #511**  
**Hallandale, FL 33009**

2.1 TITLE ☐ Change ☒ Addition

NAME **Director, Secretary**  
STREET ADDRESS **Filipova, Victoria**  
CITY-ST-ZIP **1501 E. Hallandale Beach Blvd #511**  
**Hallandale, FL 33009**

3.1 TITLE ☐ Change ☒ Addition

NAME **President, Director**  
STREET ADDRESS **Bahloul, Doumed**  
CITY-ST-ZIP **1501 E. Hallandale Beach Blvd #511**  
**Hallandale, FL 33009**

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/96, 954 922 1204**

Date

Daytime Phone

CR2E034 (12/95)