## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000042614 (3)

ERIC J. DORER, P.A.

| Principal Plac  | Ce of Business  | Mailing Ac                                   | acress  |  |                                       |                     |   |   |                     |                        |
|---|---|--|---|--|---------------------------------------|---------------------|---|---|---------------------|------------------------|
| 412 NORTHEAST FOURTH STREET<br>FT. LAUDERDALE FL 33301-1152 |   |  | 412 NORTHEAST FOURTH STREET<br>FT. LAUDERDALE FL 33301-1152 |  |                                       |                     |   |   |                     |                        |
|   |   |  |   |  |                                       |                     | 3. Date Incorporated 05/17/1996         | or Qualified                            | 3a. Date of Last    | Report                 |
| 2. Principal (  | Place of Business   | 2a. Mailing                                  | Address   |  |                                       |                     | 4. FEI Number                           |   |                     | Applied For            |
| 21  |   | 26   |   |  |                                       |                     | 65-06                                   | 35                                      | 11                  | Not Applicable         |
| Suite. Apt  | . #, etc.   | Suite, a                                     | Apt. #, etc.  |  |                                       |                     | 5. Certificate of Statu                 | s Desired                               |                     | Additional<br>Required |
| City & Sta  | ile   | City & 28                                    | State   |  |                                       |                     | 6. Election Campaign Trust Fund Contrib | ~                                       |                     | May Be                 |
| Zip   | Country   | Zip  |   | Cou                                    | ntrv                                  |                     | 8. This corporation ha                  | e liebility for i                       |                     |                        |
| 24  | 25  | 29   |   | 30                                     | •                                     |                     | Florida Statutes                        |   | Yes No              | a. 199.002.            |
| -   | 9. Name and Address of Curr   |  | gent  | <u> </u>                               |                                       |                     | 10. Name and Addres                     |   |                     |                        |
| D0  | RER, ERIC J   |  | <del></del>   |  | 81                                    | Name                |   |   | <b>F</b>            |                        |
|   | 2 NORTHEAST FOURTH STREE  | <b>-T</b>                                    | 1   | ļ                                      |                                       |                     |   |   |                     |                        |
| FT. LAUDERDALE FL 33301-1152                                |   |  |   |  | 82                                    | Street Addr         | ress (P.O. Box Number is                | Not Acceptab                            | le)                 |                        |
| rı.   | LAUDERDALE PL 33301-1132  |  |   | ŀ                                      | 83                                    | ·                   |   |   |                     |                        |
|   |   |  |   |  |                                       |                     |   |   |                     |                        |
| <u> </u>  |   |  |   |  | 84                                    | City                |   |   | FL 85 Zi            | o Code                 |
| 11 Durayaa  | t to the provisions of Sections 607.0   | E02 and E07 1E00                             | Elocido Statut  | lac the et                             |                                       | namad aara          | aration submite this state              | mont for the n                          |                     | ita ragistarad         |
| office or   | registered agent, or both, in the Sta<br>am familiar with, and accept the obl | ate of Florida Such                          | n change was  | authorized                             | i by                                  | the corporat        | tion's board of directors. I            | hereby accep                            | t the appointment i | as registered          |
| agent I   | am familiar with, and accept the ob-  | ligations of, Sectio                         | n 607.0505, Fl  | orida Stat                             | utes                                  | i. '                |   | ,                                       | • •                 | •                      |
| SIGNATURE   |   |  |   |  |                                       |                     |   |   |                     |                        |
| 10  | Signature Typed or printed name of registered                                 | agent and lifle if applicab<br>AND DIRECTORS | ile. (NOT   | E: Registered                          | Age                                   | nt algnature requir | red when reinstating) ADDITIONS/CHANG   | FC TO OFFIC                             | DATE                | NOC 11.140             |
| 12.   | D OFFICERS A  | AND DIRECTORS                                | DELETE  | 1.1 [[]                                | n r                                   | 195                 |   | RES.                                    | Change              |                        |
|   | DORER, ERIC J   |  | ☐ Derese  |  |                                       | 1 -                 | 111                                     | 10e10                                   | ES CHARL            | s L Audition           |
| NAME  |   | <b>ATACET</b>                                |   | 1.2 NA                                 |                                       | I                   | BIC of D                                | 3HCK                                    | •                   |                        |
| STREET ADDRESS  | 412 NORTHEAST FOURTH  |  |   | 1.3 \$1                                | REET                                  | ADDRESS             |   |   |                     |                        |
| CITY - \$1 - ZIP  | FT. LAUDERDALE FL 33301   | -1152  |   | 1.4 CI                                 | Y-S                                   | T-ZIP               |   |   |                     |                        |
| TITLE   |   |  | ☐ DELETE  | 2.1 111                                | ILE.                                  |                     |   |   | Change              | Addition               |
| NAME  |   |  |   | 2.2 NA                                 | ME                                    |                     |   |   |                     |                        |
| STREET ADDRESS  |   |  |   | 2.3 ST                                 | REET                                  | ADDRESS             |   |   | 4                   |                        |
| CITY-ST-ZIP   |   |  |   | 2.4 C                                  | ITY-S                                 | ST-ZIP              |   |   |                     |                        |
| TITLE   |   |  | DELETE  | 3.1 TI                                 | TLE                                   |                     |   |   | Chang               | Addition               |
| NAME  |   |  |   | 3.2 NA                                 | ME                                    | ,                   |   |   |                     |                        |
| STREET ADDRESS  |   |  |   | 2257                                   |                                       | ADDRESS             |   |   |                     |                        |
| CITY - ST - ZIP   |   |  |   | 1.50                                   | REET                                  |                     |   |   |                     |                        |
| TITLE   |   |  |   |  |                                       | ST-ZIP              |   |   |                     |                        |
| 1   | Į.  |  | DELETE  |  | ITY-S                                 | ST-ZIP              |   | <del></del>                             | Change              | e Addition             |
| 1 NAME  |   | ***************************************      | DELETE  | 3.4 CI<br>4.1 TIT                      | ITY-S                                 | ST-ZIP              | *************************************** |   | ☐ Chang             | e Addition             |
| NAME<br>CORRET ADDRESS                                      |   |  | DELETE  | 3.4 GI<br>4.1 TIT<br>4.2 N             | ITY-S<br>TLE<br>AME                   |                     |   |   | ☐ Chang             | e                      |
| STREET ADDRESS  |   |  | DELETE  | 3.4 CI<br>4.1 TII<br>4. 2 N.<br>4.3 ST | ITY-S<br>FLE<br>AME<br>REET           | ADDRESS             |   | *************************************** | ☐ Chang             | e Addition             |
|   |   |  | DELETE  | 3.4 GI<br>4.1 TIT<br>4.2 N             | ITY-S<br>FLE<br>AME<br>PREET<br>TY-SI | ADDRESS             |   |   | Chang               |                        |

lied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the resupplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the projectiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the projection and that my name of the projection and that my name of the projection and th I do hereby certify that the information indicated on this annual I am an officer or director of the appears in Block 12 or Block 1

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

**FILED** 

Feb 13 1997 8:00am

Secretary of State