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 # P96000072482 (8)

DOVER DESIGNS, INC.

APPROVED AND FILLED

1797 AUG -1 PM 2: 46

SECRETARY OF STATE TALLAMASSEF, FLORIDA



Principal Place of Business Mailing Address						1 (48) 50 till 40 til		
DEERFIELD BE	AY EACH FL 33441	912 SE 12 WAY DEERFIELD BEACH FL 33441-5887						
						3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1996		
2. Principal P	Place of Business	28. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				45-669 7 3 9 Not Applicable	le	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>⊢</u>			5. Certificate of Status Desired \$8.75 Additional	Ì	
22		27				Fee Required		
City & State	Ө	├ ──	City & State			Election Campaign Financing \$5.00 May Be	ŀ	
23	28		T			Trust Fund Contribution	_	
Zip	Country	Zip	Cou	nıry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 Name and Address of Currer	29	30			Florida Statutes Yes 10 No 10. Name and Address of New Registered Agent	-	
424		II Dedistoled Washit		81	Name	10. Haille allo Address of Heat Pragisteled Agent	-	
	NZMAN, MARY J			•	1447110			
	SE 12 WAY		ļ	B2	Street Ad	Address (P.O. Box Number is Not Acceptable)		
DEE	erfield beach fl 33441			83				
				65				
				84	City	FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida Status of Florida. Such change was ations of, Section 607.0505, F	ites, the at authorized lorida Stat	oove d by utes	e-named co / the corpo s.	orporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered	В	
SIGNATURE	Signature, typod or printed name of registered ago					quired when reinstating) DATE	_	
12.		D DIRECTORS	13.	- 1 1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\neg _{g}$	
TITLE	☐ DELETE			1.1 TITLE		PRESIDENT Change Addition	ير د ا	
NAME				1.2 NAME		MARY J KUNZMAN	3	
STREET ADDRESS				1.3 STREET ADDRESS		MARY J KUNZMAN	1	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		Scenfield Beach Pl 33441	Š	
TITLE	DELETE			2.1 TITLE		Change Additio	in C	
NAME			2.2 NA	ME	1		1	
STREET ADDRESS			2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			2.4 C	TY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 7/7	LF		☐ Change ☐ Additio)n	
NAME	<u> </u>		3.2 NA	ME				
STREET ADDRESS			3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY - 5	S1-ZIP			
TITLE	L] DELETE			4.1 TITLE		700002250号等。 -08/07/9701070006 ****165.00 ****165.00	ın	
NAME			4. 2 N	AME	ł	-08/07/9701070006		
STREET ADDRESS			4.3 ST	REFT	ADDRESS	****165.00 ****165.00	1	
CITY-ST-ZIP			4.4 00	1Y-5	T-ZIP			
TITLE	☐ DELETE			LE		Change Addition)n	
NAME.			5.2 NA	ME			İ	
STREET ADDRESS			5351	reet	ADDRESS			
CITY-STEZIP			5,4 01	1 <u>Y-</u> S	T- 21P			
TITLE				LE		Chappe Addition		
NAME	6.2			6.2 NAME		$\lambda^{1}\Theta_{M}\gamma$		
STREET ADDRESS			6.3 ST	REET	ADDRESS	XIIP''		
CITY-ST-ZIP			6.4 01	ry-s	T-ZIP	₩)		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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954-941-7879