

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

FILED

**May 09 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000077553 (1)
 1. Corporation Name
DOYLE VENTURES, INC.

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| Principal Place of Business 1000 GOLFSIDE DRIVE WINTER PARK FL 32792 | Mailing Address 1000 GOLFSIDE DRIVE WINTER PARK FL 32792-5128 |
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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 10601 S. Hwy 441 Suite, Apt. #, etc. 22 A-1 City & State 23 Lake County Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA | | 3. Date Incorporated or Qualified 09/18/1996 | 3a. Date of Last Report 09/19/96 |
| | | | | 4. FEI Number 59-2404959 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent DOYLE, DONALD A JR 1000 GOLFSIDE DRIVE WINTER PARK FL 32792 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | 85 Zip Code FL |

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 _____ DATE _____
Sign in ink. If printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOYLE, DONALD A SR. | 1.2 NAME | |
| STREET ADDRESS | 1000 GOLFSIDE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOYLE, DONALD A JR | 2.2 NAME | |
| STREET ADDRESS | 1000 GOLFSIDE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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.

SIGNATURE: _____ DATE: **4/28/97** (407) 657-1417
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)