

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

FILED
May 09 1997 8:00am
Secretary of State

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.

Principal Place of Business

**1000 GOLFSIDE DRIVE
WINTER PARK FL 32792**

Mailing Address

**1000 GOLFSIDE DRIVE
WINTER PARK FL 32792-5128**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report 09/19/96
21. 10601 S. Hwy 441	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	28. City & State	4. FEI Number 59-3404959	Applied For Not Applicable
22. A-1	27. City & State	28. City & State	29. Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Lake County	29. Zip	30. Country	31. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. USA	31. Country	32. Country	33. Country	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

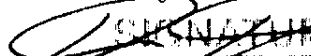
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	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	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		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		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		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		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:  SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 657-1417
Date Daytime Phone #

CR2E034 (9/96)