

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

FILED

Feb 03 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 # P96000084314 (9)

1. Corporation Name
D & O ENTERPRISES, INC.

Principal Place of Business
**12962 W. COLONIAL DRIVE
ORLANDO FL 34787**

Mailing Address
**12962 W. COLONIAL DRIVE
ORLANDO FL 34787-4112**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 593403877		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	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				10. Name and Address of New Registered Agent			
DOMINGUEZ, TUYET B 12962 W. COLONIAL DRIVE ORLANDO FL 34787				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THI ONG, LAN BACH			1.2 NAME	LAN - ONG		
STREET ADDRESS	12962 W. COLONIAL DRIVE			1.3 STREET ADDRESS	1550 - LAWNDALE CIR.		
CITY - ST - ZIP	ORLANDO FL 34787			1.4 CITY - ST - ZIP	Winter Park FL 32751		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ONG, DUC M			2.2 NAME	Duc ong		
STREET ADDRESS	12962 W. COLONIAL DRIVE			2.3 STREET ADDRESS	1550 - lawn dale cir		
CITY - ST - ZIP	ORLANDO FL 34787			2.4 CITY - ST - ZIP	Winter Park FL 32751		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ, TUYET B			3.2 NAME	TUYET B. DOMINGUEZ		
STREET ADDRESS	12962 W. COLONIAL DRIVE			3.3 STREET ADDRESS	540 - Dew DROP CR		
CITY - ST - ZIP	ORLANDO FL 34787			3.4 CITY - ST - ZIP	ORL. FL 32707		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ, JAMES			4.2 NAME	JAMES. E. DOMINGUEZ		
STREET ADDRESS	12962 W. COLONIAL DRIVE			4.3 STREET ADDRESS	540 - Dew DROP CR		
CITY - ST - ZIP	ORLANDO FL 34787			4.4 CITY - ST - ZIP	ORL. FL 32707		
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: **Tuyet B. Dominguez** President JAN 27-97-1656-7777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)