

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085253 (8)

1. Corporation Name  
DOROTHY WOLTERING, INC.

Principal Place of Business  
448 OAK HAVEN DRIVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
448 OAK HAVEN DRIVE  
ALTAMONTE SPRINGS FL 32701

FILED

97 NOV -4 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1996	3a. Date of Last Report
4. FET Number 59-3411584	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WOLTERING, DOROTHY  
448 OAK HAVEN DRIVE  
ALTAMONTE SPRINGS FL 32701

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

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 *Dorothy Woltering* DOROTHY WOLTERING, PRES. 10-29-97  
Signature, typed or printed name of registered agent and title, if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE 500002339435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLTERING, DOROTHY		1.2 NAME -11/05/97-01099-012	
STREET ADDRESS 448 OAK HAVEN DRIVE		1.3 STREET ADDRESS ****165.00 ****165.00	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLTERING, DOROTHY		2.2 NAME	
STREET ADDRESS 448 OAK HAVEN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		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 *Dorothy Woltering* DOROTHY WOLTERING, PRES. VP 407-331-1150

CR2E034 (4/97)

(2)

October 29, 1997

Dorothy Woltering Inc.  
448 Oak Haven Dr.  
Altamonte Springs, Fl. 32701

Sandra B. Mortham, Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Re: Document #P96000085253 (Dorothy Woltering, Inc. FEI Number 59-3411584)


Dear Ms. Mortham:

I am writing to attempt to get help with the amount of money due for my one year old S Corp. Inadvertently I missed the date that \$165.00 was due to the State of Florida. While I realize that I am at fault, I am asking for your consideration. Some circumstances beyond my control have made me behind in even opening all the correspondence for the past few months. I have had two surgeries, one in July and another in Sept. As a result, I am just now "catching up" with all the left undone duties, which have been neglected during my illness and recuperation.

My business is only one year old, and due to my illness, I have not generated enough revenue to hire a helper yet.

I am enclosing my check for \$165.00, in the hope that this letter will explain my temporary situation.

Sincerely,

  
Dorothy Woltering, Pres.