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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S21500

1. Corporation Name

DORALCO NO. 2, INC.

Matting Address 405 ELERIT PLACE KRSSMMEF FI, 34758 US 2. Principal Place of Business 2. A Multing Address 4. FEI Number 12/27/1990 2. Principal Place of Business 3. A Multing Address 4. FEI Number 12/27/1990 3. Suite, Apr. #, etc. 3. Suite, Apr. #, etc. 4. FEI Number 5. Suite, Apr. #, etc. 4. Fei Number						
NISSAMMEE F1 34758 US DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					
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Suite, Apt. #, etc. St. Certificate of Status Desired St. 75 Additional Personal Property Country St. 100 May 8 be St.	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
City & State City	21		26			
City & State Personal Property Tax. Added to Fees State Personal Property Tax. Added to Fees Added			— —	Suite, Apt. #, etc.		E Contiferate of Status Degreed
Trust Fund Contribution						
2 2 2 2 3 3 3 5 5	- 7 ′		——————————————————————————————————————	¬ ·		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, NORMAN J. ESO. 1201 W. EMMETT STREET KISSIMMEE FL 34741 183 34 City FL S Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered defence of the purpose of the purpose of the purpose of defence of the purpose of the purpose of the purpose of the		Country		Country	<u> </u>	
9. Name and Address of Current Registered Agent SMITH, NORMAN J. ESO. 1201 W. EMMETT STREET KISSIMMEE Ft. 34741 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Time Dry FL 85 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 Zip Code 99 Zip Code 99 Zip Code 99 Zip Code 90 Zip	_ '			–¬ ′		₩ -1
SMITH, NORMAN J. ESQ. 1201 W. EMMETT STREET KISSIMMEE FL 34741 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the obligations of, Section 80, 120 and 120 an						10. Name and Address of New Registered Agent
1201 W. EMMETT STREET KISSIMMEE FL 34741 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application of Sections 607:0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the colligations of, Section 607:0505, Florida Statutes. SIGNATURE SIGNATURE Signature, kyrold or printed rance of registered agent, and title if applicable [NOTE Registered Agent agenture required when releasting) DATE 12. OFFICERS AND DIRECTORS IN 12 ITTLE DPT ABULAFIA, VICTOR 12. NAME ABULAFIA, VICTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE DV SISTERET ALORESS KISSIMMEE FL 14 CITY-ST-ZP TITLE DV DELETE 11 TITLE Change Addition NAME ABULAFIA, ELIYAHU 22 NAME STREET ALORESS 4800 ELBERT PL 23 STREET ALORESS KISSIMMEE FL 24 CITY-ST-ZP TITLE DV DELETE 31 TITLE Change Addition NAME NOSCHPE, JAIME 32 STREET ALORESS STREET ALORESS 4800 ELBERT PL 33 STREET ALORESS TITLE DV DELETE 41 TITLE Change Addition NAME ROSENTHAL, AMOS 42 NAME STREET ALORESS 4800 ELBERT PL 41 TITLE Change Addition NAME SISSIMMEE FL 34 STREET ALORESS STREET ALORESS 54 CITY-ST-ZP TITLE DV DELETE 51 TITLE Change Addition NAME SISSIMMEE FL 51 TITLE Change Addition NAME SISSIMMEE				81	Name	
KISSIMMEE FL 34741 8a	·			82	Street Add	dress (P.O. Box Number is Not Acceptable)
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 office or registered agent, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPT OPERATOR 12 TITLE ABULAFIA, VICTOR SIRRETADORESS CITY-51-2P TITLE DV OPERATOR 12 ABULAFIA, ELIYAHU SIRRETADORESS CITY-51-2P TITLE DV OPERATOR 13. SIRRET						
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 office or registered agent, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPT ABULAFIA, VICTOR 12. NAME ABULAFIA, VICTOR 12. NAME ABULAFIA, VICTOR 13. STREET ADDRESS KISSIMMEE FL 14. CITY-ST-ZP TITLE DV DELETE 21. TITLE DV DELETE 21. TITLE DV ABULAFIA, ELIYAHU 22. STREET ADDRESS KISSIMMEE FL L3. STREET ADDRESS KISSIMMEE FL SITHE DVS ABULAFIA, ELIYAHU 23. STREET ADDRESS KISSIMMEE FL SITHE DVS ABULAFIA, LIYAHU 23. STREET ADDRESS KISSIMMEE FL SITHE DVS ABULAFIA, LIYAHU 23. STREET ADDRESS KISSIMMEE FL SITHE DVS ABULAFIA, LIYAHU 33. STREET ADDRESS KISSIMMEE FL SITHE DVS ABULAFIA, LIYAHU 33. STREET ADDRESS ABOUT SITHE CTY-ST-ZP KISSIMMEE FL SITHE DVS ABULAFIA, LIYAHU ABULAFIA, LIYAHU ABULAFIA, LIYAHU 23. STREET ADDRESS ABOUT SITHE CTY-ST-ZP TITLE DVS ABULAFIA, LIYAHU ABULAFIA, VICTOR ABULAFIA, VICT	VISS	MIMINEE FL 34/41		83		
11. Pursuant to the provisions of Sections 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Tyoled or printed name of registered agent and title if inpificable (NOTE: Registered Agent signature required when reinstating) DATE				84	City	EI 85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nerety accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the man agent and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12.	11 Dumunt	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above	e-named cor	moration submits this statement for the purpose of changing its registered
SIGNATURE Signature, typed or printed name of registered agent and tate if applicable NOTE Registered Agent signature required when reintability) DATE	office or n	egistered agent, or both, in the Stat	e of Florida. Such change was autl	horized by	the corporat	tion's board of directors. I hereby accept the appointment as registered
Signature, typed or printed range of registered agent and titler despiciable NOTE Registered Agent signature recurred when reinstating) DATE	agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	a Statutes	i.	
12.	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: R	egistered Ager	nt signature requi	ored when reinstating) DATE
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STREET ADDRESS 6.3 STREET ADDRESS	IN-MAC			63 STREE	T ADDRESS	į

14. I 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 of 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 attempt in with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

407/846-0550