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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S21532
DORALCO NO. 4, INC.

(4)

FILED Apr 24 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, 6		
4903 ELBERT PLACE			4803 ELBERT PLACE												
Kissimmee Fl Us	34758		KISSIMI US	VIEE FL 34758-280)7										
08			05						2 Data le	normorale die	· Ounlified	do Da	0.061.00	Deport	
								3. Date Incorporated or Qualified 12/27/1990 3a. Date of Last Report 03/26/1996					Ì		
2 Principal P	loop of Buriness		20 Ma	lina Address					4. FEI Nu	·		UUIE	•		
2. Principal Place of Business			2a. Mailing Address				i			59-3057280				Applied F	
21 4801 Elbert Place Sulte, Apt. #, etc.			26 4800 Elbert P. Suite, Apt. #, etc.				.ace		29.0	001200				Not Appli	
			├─ ┐						5. Certificate of Status Desired					5 Addition	nal
22			City & State									• • • • • • • • • • • • • • • • • • • •	Required		
City & State			Wi 2 DI						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
23 Kissimmee, FL			<u></u>					~						d to Fees	
Zip Country			L			ountry				orporation has				rs. 199.03	32,
24 34758 25 USA 9. Name and Address of Current			[29] 34758 [30] USA			A	Florida Statutes Yes No 10. Name and Address of New Registered Agent								
0110			tegistere	a Agent		81	1		10. Name	and Address	OT NEW HE	gisterea A	gent		
j opiniti, itolianat o. coa.							Nar		ame						
1201 W. EMMETT STREET				82 Street A				Address (P.O. Box Number is Not Acceptable)							
Kiss	SIMMEE FL 34759							·			· · · · · · · · · · · · · · · · · · ·				
						83									
					84	COL.		a- a				TZZ1 -=	- 0- 4-		
						84	City					FL	85 4	ip Code 3 4 7 4 1	
11. Pursuant	to the provisions of S egistered agent, or b	octions 607.0502 a	ind 607.1	508, Florida Statu	utes, the	above	e-nam	ed corpo	oration subm	its this statem	ent for the	ourpose of	changin	g its regist	tered
office or r	egistered agent, or h m familiar with, and a	oth, in the State of	Florida. S	luch change was	authoria	red by	the c	corporation	on's board of	f directors, I h	eroby acce	pt the appo	intment	as registo	red
-	itti iqanillar witti, atto c	accept the obligation	illa OI, GO	G0011 0 07.0303, 1	ionaa 3	iaiuies	э.								
SIGNATURE	Signature, typed or printed r	anne of too stered Ament a	od tille it apre	scable /Nr	NF Renistr	red And	ail cions	dure require	ed when reinstating	n)		DATE			
12,		OFFICERS AND L			13					ONS/CHANGE	S TO OFFI		DIRECT	OBS IN 12	5 1
TITLE	DPT			DELETE		TILLE		1					Chang		ddition
NAME	ABULAFIA, VICTO	OR				NAME]
STREET ADDRESS	4800 ELBERT PL						ADDDE	*e							
	KISSIMMEE FL				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP								Į į		
CITY-ST-ZIP TITLE	DV			DELETE		TITLE	II - ZIP						Chang	. 🗆 🛪	ddition (
1 1	ABULAFIA, ELIYA	MILL		L., Dittil	1								Chang	с шк	uuliivii (
NAME	4000 FLIDERT DLAGE						2.2 NAME								- 1
STREET ADDRESS	MIGGININEE EI						2.3 STREET ADDRESS								i
CITY-ST-ZIP	DVS					CITY-S	ST-ZIP								
TITLE		E		DETEAE		HILE							Chang	e LJA	ddition
NAME	YOSCHPE, JAIMI	3.2			3.2 NAME									- 1	
STREET ADDRESS 4800 ELBERT PLACE			3.3 \$			3.3 STREET ADDRESS									
CITY-ST-ZIP							S1-7IP								
TITLE	DV			☐ DELETE	4.1	TITLE							Chang	e 🔲 Ad	ddition
NAME	ROSENTHAL, AN				4. 2	NAME									
STREET ADDRESS	4800 ELBERT PL	ACE			4,3	STREET	ADDRES	ss							
CITY-ST-ZIP	Kissimmee Fl				4.4	CHY-S	1. 7IP								
TITLE				DELETE		THLE						~~~	Chang	e A	ddition
NAME						NAME							•		}
STREET ADDRESS						STREET	ADDDCC								
					ŧ			20							-
CITY-ST-ZIP				DELFTE		CITY-S	ot - ZIP						Phase	. 11.	ddition
TITLE						TITLE						i	L Chang	C A(ddition
NAME					6.2	NAME									
STREET ADDRESS	,	Λ			6.3	STREEL	ADDRES	SS							
CITY-ST-ZIP		1		······ •· • • • ····· • · · · · · · · ·		CITY-S				·	·				
14. I do here!	by certify that this info	rmation supplied w	vith this fil	ing does not qua	alify for the	ie exe	mptio	n stated	In Section 1	19.07(3)(i), Flo	orida Statute	es. I further	certify th	nat the	h: that

corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or on an attachment with an address