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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S61529

(1)

DORAN DOWNTOWN AGENCY, INC

RUTH R

DUNAN	DOWNTOWN AGENCY,	INC.				
Principal Plac	e of Business	Mailing Address			- I HOOSENAND IND DEEDE HOODE BEEKIN HOOFD INDER DEFORE	01041 01814 01814 01011 01811 1001
2000 N. OCE	AN BLVD.	2000 N. OCEAN BLVD.				
304 % HARN	ETT	304 % HARNETT				
BOCA RATON FL 33431 BOCA RATON FL 33431			33431		DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
9 Principal P	face of Business	On Mailing Address			06/21/1991	
21		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0271421	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes or has paid the	
24	25 29 30			Personal Property Tax due June 30.	☐ Yes ☐ No	
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Register	ed Agent
	rtram, Harnett		8.	l Name		
	30 N. OCEAN BLVD.		8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
BO	CA RATON FL 33431					
			8:	9		
			84	City		85 Zip Code
dd Director		500 1007 1500 5			F	·L¦∵i
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change ligations of, Section 607.05	was authorized b 05, Florida Statute	y the corpora es.	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered A	ient signature requi	ired when reinstating) DAT	<u> </u>
12.		AND DIRECTORS	13.	joht signaturo rogor	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DSS	DELE			The instruction with the office of the control of t	Change Addition
NAME	HARNETT, BERTRAM		1.2 NAME			
STREET ADDRESS	2000 N. OCEAN BLVD.		1.3 STREE	f ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 C(TY-	ST-ZIP		
TITLE	DP	☐ DELE	TÉ 2.1 TITLE			Change Addition
NAME	HARNETT, RUTH		2.2 NAME			
STREET ADDRESS 2000 N OCEAN BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY -	ST-ZIP		
TITLE	☐ DELETE		E 3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-ST-ZIP		The language	3.4. CITY-	S1-ZIP		
TITLE		☐ DELET				☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET	4.4 CITY -	ST-ZIP		
NAME		L_ 01.121				☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME	4000000		
				ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET	5.4 CITY - 5 E 6.1 TITLE	St - ZIP		Change Addition
NAME		_ 5000	62 NAME			Change T Wantiol
STREET ADDRESS				AUDDESS		
CITY-ST-ZIP			6.3 STREET			
14 I hereby co	ertify that the information supplied	with this filing does not out	6.4 City - S	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or d	on t his annual report or supplemen	ital arinual report is true an ceiver or trustee empowere	d accurate and in	at my sionatui	re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	under agth: that I am an I