

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K01943 (5)**

1. Corporation Name  
**DONOVAN MANAGEMENT, INC.**



Principal Place of Business: **C/O JAMES DONOVAN 3978 Lake Mira Drive ORLANDO FL 32817**  
Mailing Address: **C/O JAMES DONOVAN 4744 HALL ROAD P.O. Box 10 ORLANDO FL 32817 Winter Park, FL 32790**

2. Principal Place of Business: **21 3978 Lake Mira Drive 22 Orlando, FL 23 32817**  
2a. Mailing Address: **25 P.O. Box 10 27 Winter Park, FL 29**

3. Date Incorporated or Qualified: **11/06/1987**  
3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **59-2854950**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **LEFKOWITZ, IVAN M. 430 N. MILLS AVE. ORLANDO FL 32803**  
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL**

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 607.0205, Florida Statutes.  
SIGNATURE: **JANET A. DONOVAN** (Typed name) *Janet Donovan* (Signature) **4/29/96** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	NAME: <b>DONOVAN, JAMES A.</b>	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4744 HALL RD</b>	CITY-ST-ZIP: <b>ORLANDO FL</b>	1.2 NAME:	
TITLE: <b>PST</b>	NAME: <b>DONOVAN, JAMES A.</b>	1.3 STREET ADDRESS: <b>3978 Lake Mira Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4744 HALL RD</b>	CITY-ST-ZIP: <b>ORLANDO FL</b>	1.4 CITY-ST-ZIP: <b>Orlando, FL, 32817</b>	
TITLE:	NAME:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS: <b>3978 Lake Mira Dr.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: <b>Orlando, FL 32817</b>	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS: <b>600001883308</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JAMES A. DONOVAN** (Typed name) *James A. Donovan* (Signature) **4/29/96** (Date) **407-657-8018** (Phone Number)

CR2E034 (12/95)