

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1998 8:00am
 Secretary of State

0004344

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # N97000006140 (4)
 1. Corporation Name

DONATIONS ENTERPRISES, INC.



Principal Place of Business 4100 N. POWERLINE RD., STE. Y3 POMPANO BEACH FL 33073	Mailing Address 4100 N. POWERLINE RD., STE. Y3 POMPANO BEACH FL 33073
---	---

3. Date Incorporated or Qualified
 10/31/1997

4. FEI Number
 65-0823328

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26 P. O Box 811464
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Boca Raton, FL
Zip 24	Country 29 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
 LENOFF, MICHELE M
 1761 W. HILLSBORO BLVD., STE. 405
 DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0903, Florida Statutes.

SIGNATURE: *Michele Lenoff*
 Signature, typed or printed name of registered agent and title if applicable.

DATE: 7/19/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	HANNA ATTAR	<input type="checkbox"/> DELETE
NAME	DIRECTOR	
STREET ADDRESS	3408 HATTON RD.	
CITY-ST-ZIP	BALTO, MD 21209	
TITLE	MARCY BANNANOU	<input type="checkbox"/> DELETE
NAME	DIRECTOR	
STREET ADDRESS	3408 HATTON RD	
CITY-ST-ZIP	BALTO, MD 21209	
TITLE	PRESIDENT DIRECTOR	<input type="checkbox"/> DELETE
NAME	JACOB BANNANOU	
STREET ADDRESS	22342 RINGBELL WALK DR	
CITY-ST-ZIP	Boca Raton, FL 33481	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacob Bannanou*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB BANNANOU
 Date: 8/30/98
 Daytime Phone #: (954) 984-4070

CR2E037 (5/98)

DONATIONS ENTERPRISES, INC.



PO BOX 811464 ♦ BOCA RATON, FL 33481
(561) 367-9846

8/8/98

PLEASE ADVISED THAT I HAVE
BEEN TRYING TO PAY MY DUES.
ACCORDING TO YOUR LETTER YOU NEED
THREE DIRECTORS -

- 1) HANNA ATTAR - DIRECTOR -
3408 HATTON RD.
BALTO, MD 21208
- 2) MARCY BENTHAMOU - DIRECTOR -
3408 HATTON RD.
BALTO, MD 21208
- 3) JACOB BENTHAMOU - PRESIDENT - DIRECTOR -
22342 PINEAPPLE WALK DR.
BOCA RATON, FL 33433.

Thank You
Jacob Benthamou.
President.