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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000046092 (1)

1. Corporation Name:
DONNER LE TON, INC.



Principal Place of Business: 3750 US 1 SOUTH ST AUGUSTINE FL 32086
Mailing Address: 3750 US 1 SOUTH ST AUGUSTINE FL 32086-7150

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 01/26/1996
4. FEI Number: 59-3193964
Applied For: Not Applicable
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip, Country
24, 25, 29, 30

9. Name and Address of Current Registered Agent
CHARLES E. HALL, JR.
83-B ORANGE STREET
ST. AUGUSTINE FL 32084

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
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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
12.1 TITLE: D
12.2 NAME: KASHMIRY-LOHR, LEILA
12.3 STREET ADDRESS: 3750 US ONE SOUTH
12.4 CITY - ST - ZIP: ST AUGUSTINE FL 32086
12.5 TITLE: DELETE
12.6 NAME: DELETE
12.7 STREET ADDRESS: DELETE
12.8 CITY - ST - ZIP: DELETE
12.9 TITLE: DELETE
12.10 NAME: DELETE
12.11 STREET ADDRESS: DELETE
12.12 CITY - ST - ZIP: DELETE
12.13 TITLE: DELETE
12.14 NAME: DELETE
12.15 STREET ADDRESS: DELETE
12.16 CITY - ST - ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE: Change Addition
13.2 NAME: Change Addition
13.3 STREET ADDRESS: Change Addition
13.4 CITY - ST - ZIP: Change Addition
13.5 TITLE: Change Addition
13.6 NAME: Change Addition
13.7 STREET ADDRESS: Change Addition
13.8 CITY - ST - ZIP: Change Addition
13.9 TITLE: Change Addition
13.10 NAME: Change Addition
13.11 STREET ADDRESS: Change Addition
13.12 CITY - ST - ZIP: Change Addition
13.13 TITLE: Change Addition
13.14 NAME: Change Addition
13.15 STREET ADDRESS: Change Addition
13.16 CITY - ST - ZIP: Change Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leila Kashmiry Lohr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E034 (9/96)