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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

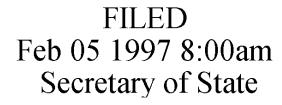
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F09207

(4)

DON HENRY CORP.





Defende at filte	Principal Place of Business Mailing Address						
% LILLIAN E. P.O. BOX F-40	SHAPRAY	Mailing Address % LILLIAN E. SHAPRAY P.O. BOX F-40825 FREEPORT. G.B.I., BAHAM/	ıs				
						3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1980 07/09/1996	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21	A	26				NOT APPLICABLE Not Applica	
Suite, Ap 22	t. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Sta	ate	City & State			,_,_,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		This corporation has fiability for intangible tax under s. 199.032	
24	25	29	30			Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agent		61	Name	10. Name and Address of New Registered Agent	
	APRAY, DONALD			٠'	Name		
11020 MILL POND COURT JACKSONVILLE FL 32257				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
٥٨٠	MOUNTILL TE 32201			83			
				84	City	85 Zip Code	
				. 1	·	poration submits this statement for the purpose of changing its register	
SIGNATURE	Signature, typed or printed name of registered	agent and tile if applicable (NOT ND DIRECTORS	E Registered	l Age	ent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OFFICERS P	DELETE	1.1 [1]	LE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SHAPRAY, LILLIAN		1.2 NA	ME			
STREET ADDRESS			1.3 ST	REET	ADORESS		
CITY-ST-ZIP	FREEPORT BAHAMAS		1.4 CI	ry-s	T-ZIP		
TITLE		☐ DELETE	2.1 11)			L_ Change L_ Addi	
NAME			2.2 NA		***********		
STREET ADDRESS					ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3 1 TIT		51-21	☐ Change ☐ Addi	
NAME			32 N		-		
STREET ADDRESS	S		3351	REET	ADDRESS		
CITY-ST-ZIP			3 4. CI	TY - 9	ST+ZIP		
TITLE		L_J DELETE	4.1 10			Change Addi	
NAME			4. 2 N				
STREET ADDRESS	`				ADDRESS T. 710		
TITLE		☐ D€LET€	4.4 Cl ⁻ 5.1 Til		I-LIF	☐ Change ☐ Addi	
NAME			5.2 N				
STREET ADDRESS	5				ADDRESS		
CITY - S1 - ZiP			5.4 Cf	Y-S	T-21P		
TITLE		DELETE	6.1 T/1	LE		Change Addi	
NAME			6.2 NA	ME			
STREET ADDRESS	S		6.3 ST	reet	ADDRESS		
CITY-SI-ZIP		End with this fline does and a set	6.4 CI			d in Coation 110 07/3Vi). Florida Statutos I further contitut that the	

r do nereby certify that the information supplied with this filling 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 suppliemental annual port 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 recovery of trusted empowered by Culter this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or of the recovery of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR