

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F42346 (9)
1. Corporation Name
DON-VI, INCORPORATED

Principal Place of Business
PO BOX 88X
VENICE FL 34284

Mailing Address
PO BOX 88X
VENICE FL 34284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 997 N VENICE BYPASS Suite, Apt. #, etc. 22 VENICE FL City & State 23 Zip 34285 Country USA		2a. Mailing Address 26 997 N VENICE BYPASS Suite, Apt. #, etc. 27 VENICE FL City & State 28 Zip 34285 Country USA		3. Date Incorporated or Qualified 08/26/1981	
		4. FEI Number 59-2126318		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MORRIS, GENE 997 N. VENICE BYPASS VENICE FL 34285				10. Name and Address of New Registered Agent 81 Name Michele Bowman 82 Street Address (P.O. Box Number is Not Acceptable) 8070 Monticello Lane 83 84 City Sarasota FL 85 Zip Code 34243			
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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 *Michele L Bowman* DATE 2-4-98
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MORRIS, EUGENE		1.2 NAME	Michele L Bowman			
STREET ADDRESS	997 N. TAMiami TRAIL		1.3 STREET ADDRESS	8070 Monticello Lane			
CITY-ST-ZIP	VENICE, FL 00000		1.4 CITY-ST-ZIP	Sarasota, FL 34243			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARKSBURY, RALPH		2.2 NAME	Matthew D Edwards			
STREET ADDRESS	997 N. TAMiami TRAIL		2.3 STREET ADDRESS	8070 Monticello Lane			
CITY-ST-ZIP	VENICE, FL 00000		2.4 CITY-ST-ZIP	Sarasota, FL 34243			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TODD, NORMAN		3.2 NAME	Kellie A Humphrey			
STREET ADDRESS	997 N. TAMiami TRAIL		3.3 STREET ADDRESS	462456 Terrace East			
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Bradenton, FL 34203			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PATEL, ANILKUMAR R.		4.2 NAME	Robin Shawn Humphrey			
STREET ADDRESS	524 LYONS BAY RD.		4.3 STREET ADDRESS	462456 Terrace East			
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-ST-ZIP	Bradenton, FL 34203			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michele L Bowman* 2-4-98 (941) 485-6393

CR2E034 (10/97)