1	PROFIT RPORATION JAL REPORT 1996	Sand Secr	PARTMENT OF STATE fra B. Mortham retary of State OF CORPORATIONS		
DOCU 1. Corporatio	MENT # G462	19 (3	3)		
,	& DONNA, INC.				
	of Business LETHORPE DR VILLE FL 32223	Mailing Address 11510 HALETHORI JACKSONVILLE FI	<del>-</del>		
				3. Date Incorporated or Qualified 06/24/1983	3a. Date of Last Report 05/01/1995
21	ace of Business	2a. Mailing Address		4. FEI Number 59-2299953	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Country	8. This corporation has liability, for	Added to Fees
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
	, wayne a. University blvd.,w. #106	82 Street Add		dress (P.O. Box Number is Not Acceptat	ole)
JACKSONVILLE FL 32217			83		
			<b>84</b> Gity		<b>85</b> Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	ind 607.1508, Florida Statu	tes, the above-named coro		
familiar wit	so agont, or boar, in the state of Horida		and the diserter harried bullet	oration submits this statement for the pur	rpose of changing its registered office I
	n, and accept the obligations of, Section	i. Such change was authori n 607.0505, Florida Statute	zed by the corporation's bo s	oration submits this statement for the pul ard of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE	Skyriature: typed or printed name of registered agent in	n 607.0505, Florida Statute	Oil: Regelered Agent squature raipin	and or directors. Thereby accept me app	ointment as registered agent. I am
SIGNATURE _	Standure typed or prefod name of regerored agent in OFFICERS AND DPT	n 607.0505, Florida Statute	s	and or directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	Standure typed or pretod name of represent agent in OFFICERS AND DPT DISTEFANO, RONALD P	n 607.0505, Florida Statute rithic carst and IN DIRECTORS	OIL Registered Agent signature ray in	and or directors. Thereby accept me app	ointment as registered agent. I am
SIGNATURE	Standard typed or pretod name of regioneric agent in OFFICERS AND DPT DISTEFANO, RONALD P 11510 HALETHORPE DR.	n 607.0505, Florida Statute rithic carst and IN DIRECTORS	SOIL Festivered Agent signature ray in  13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and or directors. Thereby accept me app	ointment as registered agent. I am
SIGNATURE	OFFICERS AND DPT DISTEFANO, RONALD P 11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS	n 607.0505, Florida Statute  Literas il aco IN  DIRECTORS  DELETE	SOIL Festivered Agent signature ray in  13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	and or directors. Thereby accept me app	CATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE	OFFICERS AND DPT DISTEFANO, RONALD P 11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M	n 607.0505, Florida Statute rithic carst and IN DIRECTORS	SOIL Festivered Agent signature ray in  13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and or directors. Thereby accept me app	ointment as registered agent. I am
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