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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **K35689 (4)**
 1. Corporation Name
DONARE CORPORATION

Principal Place of Business Mailing Address
114 SO H STREET LAKE WORTH FL 33460 US
114 SO H STREET LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified **09/30/1988** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **65-0074280** 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
 7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **3281 Lake Worth Rd.** 26 **3281 Lake Worth Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Ste. F** 27 **Ste. F**
 City & State City & State
 23 **Lake Worth, FL** 28 **Lake Worth, FL**
 Zip Country Zip Country
 24 **33461** 25 **US** 29 **33461** 30 **US**

9. Name and Address of Current Registered Agent
BINGHAM, DONALD
114 SO. H STREET
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
 81 Name **Donald Bingham**
 82 Street Address (P.O. Box Number is Not Acceptable) **3281 Lake Worth Rd.**
 83 **Ste. F**
 84 City **Lake Worth** FL 85 Zip Code **33461**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BINGHAM, DONALD
STREET ADDRESS	2550 FLORAL ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	D
NAME	BINGHAM, CHERYL
STREET ADDRESS	2550 FLORAL ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	Donald Bingham	
1 3 STREET ADDRESS	2550 Floral Rd.	
1 4 CITY - ST - ZIP	Lantana, FL	
2 1 TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	Cheryl Bingham	
2 3 STREET ADDRESS	2550 Floral Rd.	
2 4 CITY - ST - ZIP	Lantana, FL 33462	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information contained 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: Cheryl Bingham Cheryl Bingham 4/27/95 (407) 439-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (SYSTEM USE ONLY)