

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **3281 LAKE WORTH RD SUITE F LAKE WORTH FL 33461 US**
Mailing Address: **3281 LAKE WORTH RD SUITE F LAKE WORTH FL 33461 US**

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields.

3. Date Incorporated or Qualified: **09/30/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0074280**
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

9. Name and Address of Current Registered Agent: **BINGHAM, DONALD 3281 LAKE WORTH RD SUITE F LAKE WORTH FL 33461**
10. Name and Address of New Registered Agent (81-85) fields.

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: *[Signature]* 4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	1.1 TITLE	D, P
NAME	BINGHAM, DONALD	1.2 NAME	Bingham, Donald
STREET ADDRESS	2550 FLORAL ROAD	1.3 STREET ADDRESS	2550 Floral Rd.
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Lantana, FL
TITLE	D, S	2.1 TITLE	D, S
NAME	BINGHAM, CHERYL	2.2 NAME	Bingham, Cheryl
STREET ADDRESS	2550 FLORAL ROAD	2.3 STREET ADDRESS	2550 Floral Rd.
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Cheryl Bingham Cheryl Bingham* 4/29/96 (407) 439-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)