

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90017 037 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L42897**

1. Corporation Name  
**DONNA HUMPHREY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 628 SOUTHWIND CIRCLE, #5 NORTH PALM BEACH FL 33408 US	Mailing Address 628 SOUTHWIND CIRCLE, #5 NORTH PALM BEACH FL 33408 US
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3. Date Incorporated or Qualified  
**12/29/1989**

2. Principal Place of Business 21 <b>3640 INVESTMENT LANE</b>	2a. Mailing Address 26 <b>3640 INVESTMENT LANE</b>
Suite, Apt. #, etc. 22 <b>#26</b>	Suite, Apt. #, etc. 27 <b>#26</b>
City & State 23 <b>RIVIERA BEACH, FLORIDA</b>	City & State 28 <b>RIVIERA BEACH, FLORIDA</b>
Zip 24 <b>33404</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33404</b>	Country 30 <b>USA</b>

4. FEI Number <b>59-2982694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUMPHREY, DONNA L**  
**628 SOUTHWIND CIRCLE, #5**  
**NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name <b>DONNA L HUMPHREY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3640 INVESTMENT LANE #26</b>
83
84 City <b>RIVIERA BEACH</b>
FL
85 Zip Code <b>33404</b>

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 *Donna L. Humphrey* **DONNA L. HUMPHREY** **PRESIDENT** **JULY 23, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>HUMPHREY, DONNA L</b>	
STREET ADDRESS <b>628 SOUTHWIND CIRCLE, #5</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL 33408</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DONNA L. HUMPHREY</b>	
1.3 STREET ADDRESS <b>3640 INVESTMENT LANE #26</b>	
1.4 CITY-ST-ZIP <b>RIVIERA BEACH, FLORIDA 33404</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Donna L. Humphrey* **DONNA L. HUMPHREY PRES. JULY 23, 1999 561-848-0065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)