

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

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Mar 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L72444 (7)**  
 1. Corporation Name  
**DONNA PROPERTIES, INC.**



Principal Place of Business <b>C/O MORTON SCHNESSEL</b> <b>2601 NE 2ND AVE.</b> <b>MIAMI FL 33137</b>	Mailing Address <b>C/O MORTON SCHNESSEL</b> <b>2601 NE 2ND AVE.</b> <b>MIAMI FL 33137-4414</b>
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3. Date Incorporated or Qualified <b>05/08/1990</b>	3a. Date of Last Report <b>06/03/1996</b>
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2. Principal Place of Business 21 <b>7840 N.W. 86 TERR.</b> Suite, Apt #, etc. 22 City & State 23 <b>TAMARAC, FL.</b> Zip Country 24 <b>33321</b> 25 <b>BRD.</b>	2a. Mailing Address 26 <b>7840 N.W. 86 TERR.</b> Suite, Apt #, etc. 27 City & State 28 <b>TAMARAC, FL.</b> Zip Country 29 <b>33321</b> 30 <b>BRD.</b>
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4. FEI Number <b>65-0193525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCHNESSEL, MORTON**  
**2601 N.E. 2 AVE**  
**MIAMI FL 33137**

10. Name and Address of New Registered Agent  
 81 Name **MORTON SCHNESSEL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7840 N.W. 86 TERR.**  
 83  
 84 City **TAMARAC** FL 85 Zip Code **33321**

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  Pres. **MORTON SCHNESSEL, Pres.** DATE **2/3/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNESSEL, MORTON	
STREET ADDRESS	2601 N.E. 2 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KOBRIN, HARRY	
STREET ADDRESS	2601 N.E. 2 AVE	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORTON SCHNESSEL	
1.3 STREET ADDRESS	7840 N.W. 86 TERR.	
1.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVE KOBRIN	
2.3 STREET ADDRESS	8313 N.W. 83 TERR.	
2.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
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 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 if changed, or on an attachment with an address.

SIGNATURE:  **MORTON SCHNESSEL** 3/3/97 305.571.9100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)