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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DON & DON ENTERPRISES, INC.

appears in Block 12 or Block 13 if o

SIGNATURE

SIGNATURE:

Principal Place of Business Mailing Address 725 JACANA WAY 725 JACANA WAY N. PALM BEACH FL 33408 N. PALM BEACH FL 33408-4707 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1990 04/30/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0304158 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Z:o Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAUSMANN DONALD 725 JACANA WAY Street Address (P.O. Box Number is Not Acceptable) N. PALM BEACH FL 33408 83 84 City Zip Code 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 Sign three typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition DCS DELETE 1.1 TITLE 71116 HAUSMAN, DONALD NAME 1.2 NAME 725 JACANA WAY STREET ADDRESS 1.3 STREET ADDRESS N. PALM BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE KANE, DONALD 22 NAME NAME 5815 S.E. FEDERAL HWY STREET ADDRESS 2 3 STREET ADDRESS STUART FL CITY-ST-7P 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C(1Y-S1-2)P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THTLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - 7IF 5.4 CITY-ST-ZIP DELETE Change Addition THIE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP CITY ST-719

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

an attaöhment with an address