FILE NOW: Fee after May 1, will be $588.75

APPROVED AND FILED pg. 182

97 APR 30 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

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

FILING FEE	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000011

DONMAR GLOBAL BUSINESS SERVICES, L.C.
% THOMAS CASSIDY
22046 LAS BRISAS CIRCLE
BOCA RATON FL 33433-4809

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

263 RIVER ~~FALLS~~ FALLS DRIVE
DUNCAN SC 29334

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 12/28/1995

3a. State of Formation: FL

4. FEI Number: See Attached / APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 04/29/1996

6. Certificate of Status Desired (Add'l Fee Required) ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CASSIDY, THOMAS B 22046 LAS BRISAS CIRCLE BOCA RATON FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL / Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MASCOLO, DONNA M	~~15731 CEDAR GROVE LANE~~ 263 RIVER FALLS DRIVE	~~WELLINGTON FL~~ DUNCAN SC 29334
MGRM	MARONDE, DIANE L	3630 ALTANTA STREET	COCOA FL

300002167483--9
-05/06/97--01072--029
****203.75 ****203.75

A. Allen 4/30/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Thomas B. Cassidy THOMAS B. CASSIDY 17APR97 561-338-3118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)

page 2 of 2

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
DONMAR GLOBAL BUSINESS SERVICE, L.C.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
22046 LAS BRISAS CIRCLE

5a Business address, if different from address in lines 4a and 4b
263 RIVER FALLS DRIVE

4b City, state, and ZIP code
BOCA RATON FL 33433-4809

5b City, state, and ZIP code
DUNCAN, SC 29334

6 County and state where principal business is located
SPARTANBURG, SC

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 65-05258-15 FEIN
DONNA M MASCOLO SSN 147-48-3423

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☑ Other (specify) ▶ LLC
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ___
- ☐ Federal government/military
- ☐ Church or church controlled organization
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State | Foreign country

9 Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶ 1995
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
12/28/95

11 Enter closing month of accounting year. (See instructions.)
12/31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	2		

14 Principal activity (See instructions.) ▶ REAL ESTATE & BUSINESS BROKERAGE VALUATIONS CONSULTING

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale)
☐ Public (retail) ☑ Other (specify) ▶ INVESTORS ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☑ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ DONNA M MASCOLO Trade name ▶ DONNA M MASCOLO

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
FL - 65-05258-15 3/16/95	TALLAHASSEE FL	65 1 05258-15

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ DONNA M MASCOLO PRESIDENT (407) 338-3118

Signature ▶ Donna M Mascolo Date ▶ 4/20/96.

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying