

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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DOCUMENT # L99043 (6)

1. Corporation Name
DONNA AND PAUL, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 35 GLEN PARK COURT HAMILTON, ONTARIO CANADA L8K 6-6 US	Mailing Address 35 GLEN PARK COURT HAMILTON, ONTARIO CANADA L8K 6-6 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 08/24/1990	3a. Date of Last Report 07/09/1996
4. FEI Number 65-0326132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIFRIT, ROBERT C
 2315 AARON ST
 PORT CHARLOTTE FL 33949**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GOUNTZOUNIS, PAUL A.	
STREET ADDRESS	35 GLEN PARK COURT	
CITY-ST-ZIP	HAMILTON, ONTARIO	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GOUNTZOUNIS, DONNA I.	
STREET ADDRESS	35 GLEN PARK COURT	
CITY-ST-ZIP	HAMILTON, ONTARIO	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GOUNTZOUNIS, MARIA	
STREET ADDRESS	35 GLEN PARK COURT	
CITY-ST-ZIP	HAMILTON, ONTARIO	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	GOUNTZOUNIS, DINA A.	
STREET ADDRESS	35 GLEN PARK COURT	
CITY-ST-ZIP	HAMILTON, ONTARIO	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	300002268973--R
3.3 STREET ADDRESS	-08/15/97--01114--012
3.4 CITY-ST-ZIP	****165.00 ****165.00
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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E034 (4/97)

(12)

Florida Department of State 1997.
To wit
Corporation
Annual Report.

Document # L99043 has received
a 2nd Notice to pay for the
corporation. We have sent in a
cheque for \$165 sometime in
February through the Canadian
Imperial Bank of Commerce on US
account. Probably the cheque with
1st notice was lost in the mail.
I have phoned your office when
you have sent the 2nd notice.
They told me to send another
cheque for the amount of
\$165 with the second notice. Please
send me an answer when you
will receive this cheque.
We are sending you photocopy of 1st notice

Thank you

Donna Paul Dore.