## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996 DIVISION OF CORPORATIONS											
DOCUM 1. Corporation Na	ENT :	# <b>M</b> 8	0706	(8)								
DONAHU	E & CO	MPANY, IN	C.									
Principal Place of	Business		N	lailing Address		••••	·····			ANN DIANI THE		I UHBII BIBII HOUF
1489 W. PALME	1489 W. PALMETTO PAI	) PARK RD.										
STE. #501 BOCA RATON FL 33486				STE. #501 BOCA RATON FL 33486					·1·-			
US				US					3. Date Incorporated or Qualified 05/05/1988	l l	of Last F 5/01/19	· ·
2. Principal Place	of Busines	is	2a	. Mailing Address					4. FEI Number		701718	Applied For
9				26 Suite Ant. # etc					65-0048059 Not Applicable  Codificate of State Paging 57 \$8.75 Additional			
Suite, Apt. #, 6	etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional Required
City & State				City & State					6. Election Campaign Financing			00 May Be
Zip	· · · · · · · · · · · · · · · · · · ·	Country	28	Zip	Col	untry			Trust Fund Contribution  8. This corporation has liability for			ed to Fees
24	2	5	29		30				Florida Statutes X Yes	□No		, 100.002,
	9. Name a	nd Address o	f Current Regi	stered Agent		81	Name		10. Name and Address of New R	egistered	Agent	
DONAHUE	KEVIN			•					(D.C. Day Muse havin Not Assessable	1-3		
C/O COMP		R				82	Street A	aares	ss (P.O. Box Number is Not Acceptab	10)		
1580 NW 2	2 AVE					83						
BOCA RAT	TON FL 33	3432				84	City			FL	85 Z	Zip Code
or registered	agent, or b	oth, in the State	e of Florida. Suc	07.1508, Florida Statute: h change was authorize .0505, Florida Statutes	s, the about the	ove-r	named cor oration's t	porat poard	ion submits this statement for the pur of directors. I hereby accept the app	nose of cha	anging its registere	registered office id agent. I am
SIGNATURE	·	·										
Sign 12.	nature, typed or		tered agent and title if		E: Rogistere	d Agen	il signature rec	quired w	vhen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIBECT	ORS IN 12
	PVT	Offic	CHO AND BINE	DELETE	1.1	TITLE					Change	·····
	DONAHU	•			1.2 h	IAME						
	800 SW						ADDRESS					
	BOCA RA	NION FL		☐ DELETE	2 1		ST- ZIP				Change	Addition
	-	E, NOREEN			2.2 1	AME	İ					_
	800 SW						ADDRESS					ĺ
CITY-ST-ZIP TITLE	BOCA RA	ATON FL		☐ DELETE		HTY-S TITLE	ST - ZIP				Change	Addition
NAME				<u> </u>		IAME						
STREET ADDRESS					3 3.	STRÉET	T ADDRESS					i
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STREET ADDRESS							ADDRESS					
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TITLE				DELETE		TITLE				1	Change	Addition
NAME STREET ADDRESS						IAME TREET	ADDRESS					
CITY-ST-ZIP							ST-ZIP					
TITLE				☐ DELETE		TITLE				1	Change	Addition
NAME						IAME						
STREET ADDRESS CITY-ST-ZIP							I ADDRESS   ST-ZIP					
14. I do hereby o	certify that t	he information s	supplied with thi	s filing is voluntarily furni	shed and	doe	s not qual	ify for	the exemption stated in Section 119	07(3)(k), Fk	rida Stati	utes. I further
certify that th oath; that I a appears in Bi	ne intormation im an office Block 12 or I	on indicated on r or director of Block 13 if char	this annual repo he corporation need, ir on an a	or or supplemental annu- in the receiver or trustee ttaginment with an addre	iai report empowi ess.	is tru ered	e and acc to execute	curate e this i	e and that my signature shall have the report as required by Chapter 607, Fi	same legal orida Statut	effect as es; and ti	ir made under hat my name
SIGNATU	JRE: _	X / SIGNATURE AND	TYPED OR PRINTE	NAME OF SIGNING OFFICE	n Do	nał TOR	nue ,	Pr	esident 1/24/96 Date	407-3	92-24 Daytime Phon	

CR2E034 (12/95)