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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED May 01 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address											7	1 10010011 110 10110 11010 10100 11	AND DARK NAMED NIĞI	HANDE ALAN AL	en gillen i Øbs	
2440 OAK DRIVE						2440 OAK DRIVE										
LONGWOOD FL 32779					LONGWOOD FL 32779							DO NOT WRITE IN THIS SPACE				
US					US						3.	3. Date Incorporated or Qualified				
											"	08/05/1988			ľ	
2. Principal Place of Business					2a. Mailing Address					<u> </u>	4.	FEI Number		I A	pptied For	
21	<u>1]</u>				26							59 -29 04212		N	ot Applicable	
l	Suite, Apt. #, etc.				Suite, Apt. #, etc.						_	Certificate of Status Desired		\$8.75	Additional	
22	2				27						J 0.	Octinicale of Claids Desired			lequired	
	City & State					City & State					6.	Election Campaign Financin	9 _		May Be	
23	Zip	Country				28					Trust Fund Contribution L. Added to F					
24	ΣIP		25		1	(II)	-	Country	,		8.	This corporation owes or ha Personal Property Tax due of	· -		tangible No	
24	·	9. Name		of Current	29 Registe	red Apent		0			10	Name and Address of Nev			7 140	
Name and Address of Current Registered Agent GOLDBERG, INGRID									Na	me						
ONE DOUGLAS PLACE												O Dan Name in the control				
118 W ORANGE ST, STE 200								82	Str	eet Addre	ess (P	P.O. Box Number is Not Acce	ptable)			
ALTEMONTE SPRINGS FL 32714								83								
		,						-						In-1 at		
İ								84	Cit	y			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, to office or registered agent, or both, in the State of Florida Such change was authorities.									e-nar	ned corpo	oration	in submits this statement for t	he purpose of	changing	its registered	
	agent. La	egist ered ag m fa miliar w	gent, or both, i rith, and accep	n the State of It the obligati	Horida ons of,	i Such chang Section 607.0	ge was au 0505, Flori	thorized by da Statute	the S.	corporatio	ion's b	poard of directors. I hereby a	ccept the app	ointment as	s registered	
SIG	NATURE			<u>.</u>												
		Signature, types	d or printed name of				(NOTE:	Rog-stered Age	nl sigr	alure require			DATE			
12.		PVTS	OF f	ICERS AND	DIRECT	ORS DE		13.		110.		ADDITIONS/CHANGES TO O				
TITLI	-		IV/ENDANC	IOHAM		[] DEI	.CIE	1.1 TITLE			VT.			K Change	Addition	
NAM	ALLA ALL BOUE			JUNAN				1.2 NAME	4888		י ווג	Duyvenbade 1	AIGNELL	1	ļ	
	EET ADDRESS		VOOD FL					1.3 STREET				ogkanne	7:70			
TITL	-ST-ZIP	T	100016			DE	FTF	1.4 CITY - S 2.1 TITLE	1-211	- 45	7119	mood, FC. 33	. 1.5	Change	Addition	
NAM	i	VAN DI	JYVENBODE	MARTIN				2.2 NAME		- 1	•	•		L CHAINGO		
	REET ADDRESS 2440 OAK DRIVE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2.3 STREET ADDRESS							
	ITY-ST-ZIP LONGWOOD FL 32779			779				2.4 CITY-		:55						
TITU						DEI	LETE	3 1 TITLE	21-211					Change	Addition	
NAM		I						3.2 NAME		ľ				_ •	_	
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	-ST-ZIP							3.4. CITY-								
TITLE						DE	ETE	4.1 TITLE						Change	Addition	
NAM	KE .							4. 2 NAME								
STRE	EET ADDRESS							4.3 STREET	ADDRI	ss						
CITY	- ST-ZIP							4.4 CITY - S	T-ZIP							
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	EET ADORESS							6.3 STREET		SS						
CITY	-ST-ZIP							6.4 CITY - S	1 - ZIP							

I 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 recover 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 artachment with an address.