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

• PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300001666 (5)

DONMAR OF DAVIE, INC.

Principal Place of Business

Mailing Address

6880 STIRLING ROAD DAVIE FL 33024

6880 STIRLING ROAD DAVIE FL 33024



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BAYER FL 33024 84 City				82 Street Address			ess (P.O. Box Number is Not Acceptable	le)		
Bab City FL Bit Zip Code										
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Frontial Statuties, the above named corporation submits this statement for the purpose of changing its registered didner for registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horizely accept the appointment are registered agent. I am provided the objection of Section 607.0505, Horizal Statuties. SIGNATURE Systems, types or printed an extragocized synthesis in animate. DELETE P OFFICERS AND DIRECTORS 13. ADDITIONS/OF ANGES TO OFFICERS AND DIRECTORS IN 12. THE P ADDITIONS/OFFICERS AND DIRECTORS IN 12. TAMME SIRRET ADDRESS OILY 51-79 TAMMARAC FL 14 CITY-S1-79 TAMMARAC FL 15 CITY-S1-79 THE DELETE DELETE 16 CITY-S1-79 THE DELETE 17 THE DELETE 18 THE DELETE 18 THE DELETE 19 THE DELETE DELETE DELETE 19 THE DELETE DELETE DELETE 19 THE DELETE DELETE DELETE DE	DAVIE PL 33024				83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Frontial Statutios, the above named corporation submits this state or foring incoming the Analysis or registered agent, in the State of Florida, Such change was without any or any or accept the appointment as registered agent. I am a registered agent. I am a registered agent, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE								FI	1 1	·
SIGNATURE	11. Pursuant to the provision	ons of Sections 607.0502 a	nd 607.1508, Florida Statute	es, the abov	J. /e-n:	amed corpora	alion submits this statement for the pure	ose of char	l L naina it	ts registered office
SIGNATURE	familiar with, and accep	both, in the State of Florida of the obligations of, Section	. Such change was authorize i 607.0505, Florida Statutes.	ed by the co	orpc	ration's tioard	d of directors. Thereby accept the appo	intment as	register	red agent. I am
12.	SIGNATURE									
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6 4 City-S1-ZIP 6 4 City-S1-ZIP 6 4 City-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(4). Flored Statutes I further	CHY-ST-ZIP	no information - 12 1		6.4 Crty	- 51-	ZIP				

1. To hereby derily that he information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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 AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR SACETOR

3/29/96 305-962-0059