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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050748 1. Corporation Name

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90017 011 ***150.00

J.W. DO	NIGAN, INC.				,	
·						1
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Principal Place of Business Mailing Address					T (881/188) (18 18:06 19:11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11	J1
2831 N FEDERAL HIGHWAY 2831 N FEDERAL HIGHWAY						
BOCA RATON FL 33431-7785 BOCA RATON FL 33431-7785						
	·				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
	·				07/20/1993	_
2. Principal Pi	lace of Business	2a. Mailing Address		•	4. FEI Number Applied For	
21		26			65-0425539 Not Applicab	le
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22					Fee Required	_
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Zip	Country . Zip Cou			у	8. This corporation owes the current year Intangible	
24	25 29 30				Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent				,	10. Name and Address of New Registered Agent	
				1 Name	Annual Control of the	
DONIGAN, J. W			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	一
2831 N FEDERAL HIGHWAY				00017.0	And the state of t	če i
BOCA RATON FL 33431-7785			8	3		
			8	4 City	85 Zip Code	132
Anne in the second of the seco				<u> </u>		_
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508; Florida Statutes	s, the abo	ve-named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	1
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	da Statute	s.	audita board of directors. The aby accept, the apparations as registered	
SIGNATURE	. ^ .					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent signature requ	puired when reinstating) + 15-24 DATE	_
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TFTLE	D	☐ DELETE	1.1 TITLE		Change ☐ Addit	aon
NAME	DONIGAN, J W		1.2 NAME			
STREET ADDRESS	200 111 200 110 110 110 110 110 110 110			ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431-7785			ST-ZIP	,	_
TITLE	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit	tion
NAME .	22		2.2 NAME			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	2.4			ST-ZIP	n	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addit	tion
NAME :			3.2 NAME			
STREET ADDRESS	राज्ञभाष्ट्रसम्बद्धारमञ्जूषे । अर्थ	2	3.3 STRE	ET ADORESS	the street of th	551
CITY-ST-ZIP	व्यक्तिया द्राध्यक	•	3.4. CITY		· · · · · · · · · · · · · · · · · · ·	6
OITT-31-ZIF	· · · · · · · · · · · · · · · · · · ·	Casters	VV. Q1111		Addition of the Addition of th	

STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 5.1 TITLE ☐ Change T/TIF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1.TITLE ☐ Change ☐ Addition TITLE BRITHER INC. 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

4.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

14. 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 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, with all other like empowered.

SIGNATURE:

TITLE



☐ DELETE