


4-29-97 B- 5786 -C

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

FILED

Apr 29 1997 8:00am

Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000084119 (5)</b> 1. Corporation Name <b>DONALD, O'BRIEN AND STEIN, INC.</b>					
Principal Place of Business <b>1120 ROYAL PALM BEACH BLVD.</b> <b>#208</b> <b>ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>1120 ROYAL PALM BEACH BLVD.</b> <b>#208</b> <b>ROYAL PALM BEACH FL 33411-1607</b>		
2. Principal Place of Business 21 <b>1128 Royal Palm Beach Blvd</b> Suite, Apt. #, etc. <b>#208</b> City & State 23 Zip 24 Country 25			2a. Mailing Address 26 <b>1128 Royal Palm Beach Blvd</b> Suite, Apt. #, etc. <b>#208</b> City & State 27 Zip 28 Country 29		
3. Date Incorporated or Qualified <b>12/03/1993</b>			3a. Date of Last Report <b>04/16/1996</b>		
4. FEI Number <b>65-0451133</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>KEENER, SUSAN</b> <b>113 PIMICO WAY</b> <b>ROYAL PALM BEACH FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEENER, SUSAN		1.2 NAME		
STREET ADDRESS	113 PIMICO WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEENER, ROBERT		2.2 NAME		
STREET ADDRESS	113 PIMICO WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL APLM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 or changed, or on an attachment with an address.					
SIGNATURE: <u>Susan Keener</u> <b>SUSAN KEENER</b>			4-23-97 806-224-0838 Date Daytime Phone #		

CR2E034 (9/96)