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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P93000084119 (5) DONALD, O'BRIEN AND STEIN, INC. Principal Place of Business Mailing Address 1128 ROYAL PALM BEACH BLVD 1128 ROYAL PALM BEACH BLVD #208 DO NOT WRITE IN THIS SPACE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 US US 3. Date Incorporated or Qualified 12/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0451133 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KEENER, SUSAN 113 PIMLICO WAY 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33324** 83 84 City Zip Code 85 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 walk and accord the objections of Section 607.0505, Florida Statutes. nt and fille it appricable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE KEENER, SUSAN 12 NAME NAME 113 PIMLICO WAY STREET ADDRESS 1.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KEENER, ROBERT NAME 2.2 NAME 113 PIMLICO WAY STREET ADDRESS 2.3 STREET ADDRESS ROYAL APLM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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, of on an attachment with an address.

SIGNATURE:

Susankeener- President 3-11-98 800-224-0338

CR2E034 (10/97

FILED

Mar 16 1998 8:00am