

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

96 NOV 20 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000038903 (8)

1. Corporation Name
 DONAIR INTERNATIONAL INC.

Principal Place of Business Mailing Address
 4630 S KIRKMAN RD STE 142 ORLANDO FL 32811
 C/O JOE HALO 7550 HINSON ST., STE. 140 ORLANDO FL 32819

REINSTATEMENT *all*

3. Date Incorporated or Qualified 05/19/1994
 3a. Date of Last Report 08/24/1995
 4. FEI Number 59-3244816 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 7550 HINSON STREET 26 JOSEPH HALO
 Suite, Apt. #, etc. Suite, Apt. #, etc. STE 140
 22 STE 140 27 7550 HINSON STREET
 City & State City & State
 23 ORLANDO FL 28 ORLANDO FL
 Zip 32819 Country USA 29 32819 30 USA

9. Name and Address of Current Registered Agent
 HALO, JOSEPH
 7550 HINSON ST.
 APT. 140
 ORLANDO FL 32819
 10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 *Joseph Halo* owener Joseph Halo 11/18/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS
 TITLE DP DELETE
 NAME HALO, JOSEPH
 STREET ADDRESS 7550 HINSON ST., STE. 140
 CITY-ST-ZIP ORLANDO FL 32819
 TITLE DPST DELETE
 NAME HALO, JOSEPH
 STREET ADDRESS 7550 HINSON ST., STE. 140
 CITY-ST-ZIP ORLANDO FL 32819
 TITLE DELETE
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 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS 300002011999--7
 1.4 CITY-ST-ZIP -11/22/96--01015--023
 2.1 TITLE *****383.75 ~~383.75~~
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *Joseph Halo* REQUIRED
Signature and typed or printed name of signing officer or director
 10/31/96 (407)396-7750
Daytime Phone #

CR2E034 (3/95)