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PROFIT CORPORATION **ANNUAL REPORT**



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

1996

1. Corporation	MENT # P94 DON SERVICES CORP		5)		kk ijk ap iki a rair	B i sak ma	8) 8)(4 8 4811 4824
Principal Place 2831 RINGLII SUITE D-113 SARASOTA I	NG BLVD	Mailing Address 2831 RINGLING BLVD SUITE D-113 SARASOTA FL 34237					
				 Date Incorporated or Qualified 06/09/1994 	3a. Date of 02/	f Last Re 20/198	eport 95
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0499273	_		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
<i>Z</i> ip	Country 25	Ζ ₍ p	Country 30	8. This corporation has liability for in Florida Statutes X Yes			
	9. Name and Address of C		1 1 1	10. Name and Address of New Ro	. —	ent	
			81 Name				
BAIZE, BRUCE 2831 RINGLING BLVD SUITE D-113 SARASOTA EL 24237			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
			83				
SARASOTA FL 34237			84 City	FI 103 240 0000			
or registers	ed agent, or both, in the State of	7.0502 and 607.1508, Florida Statute of Florida, Such change was authorize	es, the above-named corporation's box	oration submits this statement for the purp	ose of chang	jing its re	egistered office
SIGNATURE _	Signature, typed or printed name of registere	ed agent and title if applicable. NO	TE Registered Agent signature require		DATE	,	
SIGNATURE 5	Signature, typed or printed name of registere OFFICER	ed agent and title if applicable. (NO RS AND DIRECTORS	TE: Registered Agent signature require		DATE CERS AND DI	IRECTOR	RS IN 12
SIGNATURE	Signature, typod or printed name of registere OFFICER	ed agent and title if applicable. NO	TE Registered Agent signature require 13. 1.1 TITLE	ed when reinstating	DATE CERS AND DI	,	
SIGNATURE E	Signature, typod or printed name of registere OFFICER PDS BESTE, SYLVIA	ed agent and title if applicable. (NO RS AND DIRECTORS	TE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating	DATE CERS AND DI	IRECTOR	RS IN 12
SIGNATURE E 12. TILLE NAME SIREET ADDRESS	Signature, typod or printed rame of registere OFFICER PDS BESTE, SYLVIA 2831 RINGLING BLVD S	ed agent and title if applicable. (NO RS AND DIRECTORS	TE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating	DATE CERS AND DI	IRECTOR	RS IN 12
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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.

SYLVIA S. BESTE 4-9-96 941-955-5680