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

Mailing Address

4807 VINEWOOD CIR

NORTH FORT MYERS FL 33903-4657

DELETE

DETETE

DELETE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NORTH FORT MYERS FL 33903

4607 VINEWOOD CIR

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

FILED

Mar 19 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084281 (2)

WARREN DONAHUE ASSOCIATES, INC.

						11/16/1994			
2. Principal Place of Business 2a. Mailing Address			ress			4. FE! Number		[]^	pplied For
21		26	· <u>-</u> •			13-2952764		N	ot Applicabli
Suite, Apt. #, etc.		Suite, Apt. #			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State 28			ate			6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee			
Zip	Country		Co	uritry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability	for inta Gible		
4	25	29	30			Florida Statutes	Yes	□No	
9. Name	and Address of Current	Registered Agent		7		10. Name and Address of New	Registered	Agent	
DONAHUE, WAI	RREN		==	В1	Name				
4607 VINEWOOD CIR NORTH FORT MYERS FL 33903						Add (D.C. D- Al). Al-1			
				82	Street	t Address (P.O. Box Number is Not Acceptable)			
***************************************				83					
				84	City		FL	85 Zip	Code
agent. I am familiar wii	n, and accept the obligat	lions of, Section 607	.0505, Florida Sta	itutos	3.	corporation submits this statement for t poration's board of directors. I hereby a			
Signature, typed	or printed name of rege tered agent		· · · · · · · · · · · · · · · · · · ·		nit signature	required whim reinstring)	DA11	5 DIRECTO	5.61.01.12.
TITLE D	OFFICERS AND		13 LLEGE 11			ADDITIONS/CHANGES TO O	FICERS AN		
	, WARREN							Change	Addition
	WOOD CIR			IAME	:				
NORTH	ORT MYERS FL 33903				ADDRESS				
CITY-ST-ZIP NUKIR FO	און אובתט דב טטטטט			3-YIK	I - 7.P				
NAME		[<i>n</i>						Change	
STREET ADDRESS				MAI MAI	APPAIR OR				
CITY-ST-ZIP			1		ADDRESS				
TITLE		DI		011Y - S 111 F) I - ZII'			Change	Addition
NAME		ر_ در	321					☐ orange	L_) AUUIIUI
STREET ADDRESS					ADORESS				
City-St-7IP					1.70				

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or survitemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the configuration or this veceiver 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 chipged, or of the receiver of the veceiver of the v

4.1 1111.6

4-2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

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5.4 C(TY - \$1 - Z(P

4.4 CITY - ST - ZIP

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