FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary

215906 B 1138 C

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **P95000002131 (7)**

1. Corporation Name

DON'S OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
23600 MAPLERIDGE SOUTHFIELD MI 48075	23600 MAPLERIDGE SOUTHFIELD MI 48075

3. Date Incorporated or Qualified: **01/04/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21 **2209 Wilton Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Wilton Manors Fla.**
Zip: 24 **33305** County: 25 **Broward**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 Country: 30

4. FEI Number: **65-0550314** | 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

9. Name and Address of Current Registered Agent

SHERMAN, THOMAS G
218 ALMERIA AVE.
CORAL GABLES FL 33134

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 (Required when changing registered agent or registered office address.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	D ☐ DELETE	1 Title	☐ Change ☐ Addition
Name	HAZLETT, DONALD P	2 Name	
Street Address	23600 MAPLERIDGE	3 Street Address	
City-St-Zip	SOUTHFIELD MI 48075	4 City-St-Zip	
Title	☐ DELETE	5 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		7 Street Address	
City-St-Zip		8 City-St-Zip	
Title	☐ DELETE	9 Title	☐ Change ☐ Addition
Name		10 Name	
Street Address		11 Street Address	
City-St-Zip		12 City-St-Zip	
Title	☐ DELETE	13 Title	☐ Change ☐ Addition
Name		14 Name	
Street Address		15 Street Address	
City-St-Zip		16 City-St-Zip	
Title	☐ DELETE	17 Title	☐ Change ☐ Addition
Name		18 Name	
Street Address		19 Street Address	
City-St-Zip		20 City-St-Zip	
Title	☐ DELETE	21 Title	☐ Change ☐ Addition
Name		22 Name	
Street Address		23 Street Address	
City-St-Zip		24 City-St-Zip	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true. Filing is voluntary; furnished and 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 or added to the report with an address.

SIGNATURE: Donald P. Hazlett Donald P. Hazlett 2-11-96 305-563-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #