

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000023695 (6)

1. Corporation Name
DONLEY & ASSOCIATES, INC.



Principal Place of Business: 309 DORNOCK CT WINTER SPRINGS FL 32708
Mailing Address: 309 DORNOCK CT WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report

21. Principal Place of Business 362C SOUTH GRANT ST.	26. Mailing Address 362C SOUTH GRANT ST.	4. FFL Number 59-3304714	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State LONGWOOD, FLORIDA	28. City & State LONGWOOD, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip 32750	25. Country USA	29. Zip 32750	30. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONLEY, WILLIAM D
309 DORNOCK CT
WINTER SPRINGS FL 32708

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
	309 DORNOCK COURT		FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	DONLEY, WILLIAM D	1.2 NAME	
STREET ADDRESS	309 DORNOCK CT	1.3 STREET ADDRESS	309 DORNOCK COURT
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARNIE J. DONLEY
STREET ADDRESS		2.3 STREET ADDRESS	309 DORNOCK COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	900001806309
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/03/96--01020--042
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***200.00 <input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marnie J. Donley MARNIE J. DONLEY 4/25/96 407 260-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)