## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000030195 (8) DOCUMENT # DONNER MANHASSET BROKERAGE CORP. Mailing Arldress Principal Place of Business 5820 TOWN BAY DRIVE 5820 TOWN BAY DRIVE SUITE 314 SUITE 314 **BOCA RATON FL 33486 BOCA RATON FL 33486** 3a. Date of Last Benort New Cory, Applied For 3. Date Incorporated or Qualified 04/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailin J Address 65-05 Not Applicable 5 0 21 582010-0~ 26 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 314 City & State 27 \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Bx D-K This corporation has liability for intangible tax under s. 199,032. Country **Æ** Yes □ No Florida Stabites 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) DONNER, JULIUS 5820 TOWN BAY DRIVE 83 **SUITE 314 BOCA RATON FL 33486** Zip Code 85 84 Crty 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. Thereby accept the appointment as registered agent. Lanufamiliar with, and accept the obligations of, Section 627.0505, Florida Statutes. DONNER SIGNATURE (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1 1 Dh 6 TITLE CR2E034 1.2 NAME DONNER, JULIUS NAME 5820 TOWN BAY DRIVE, SUITE 314 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** 1.4 CiTY - ST - ZiE CITY - ST - 21P Addition Change ☐ DELETE 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP Change Addition DELETE 3 1 11116 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST. 7(2) CITY - ST- 7IP Change Addition DELETE 4 : THUE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-2IP Change Addition DELETE 5 1 Title TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 2IP CITY-ST-ZIP Orange Addition DELETE 6.13111.5 TITLE 6.2 NAMS NAME

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 eath; 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

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

SIGNATURE:

STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 16 452-750-0479