## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000042588 (0)

DONOCUE'S, INC.

		,		
Principal Place of Business	Mailing Address			
2736 HOLLYWOOD BLVD.	2670 N.E. 215 STREET			
HOLLYWOOD FL 33019	MIAMI FL 33180		DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualified	
1			06/01/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
[21]	26		65-0586280	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip   Country   25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	cu <b>rre</b> nt year Intangible
9, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Register	ed Agent
HECHT, ALAN R		B1 Name	:	
2670 N.E. 215TH STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33180				
		83		
		84 City		85 Zip Code
Pursuant to the provisions of sections 607.4 office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE.	tate of Florida. Such change was a bligations of, section 607.0505, Flo	uthorized by the corporati rida Statutes.	on's board of directors. I hereby accept the ap	pol <b>nt</b> ment as registered
Signature, typed or printed name of registered	The state of the s	TE Registered Agent signature req		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
0011001117 71101110	L] DELETE	1.1 TITLE		Change [ _ Addition
ATAA HAHAMAAA BILIM		1.2 NAME		
HALLMANAAD EL AAAAA		1.3 STREET ADDRESS		
TITLE HOLLYWOOD FL 33019	[ ] prieve	1.4 CITY-S1-ZIP 2.1 TITLE		
NAME	L_] DELETE	2.2 NAME		Change Addition
STREET ADDRESS		2.2 IVAME 2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 City-St-ZiP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME	( ) OCCE 12	3.2 NAME		Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-2IP		3.4 CITY-ST-ZIP		
TITLE	[_] DELETE	4 1 TITLE		Change Addition
NAME		: 4.2 NAME		• • —
STREET ADDRESS		4 3 STREET ADDRESS		
CiTY-ST-ZiP		4.4 CITY-ST-ZIP		<u></u>
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

Change Addition

**FILED** 

Oct 07 1998 8:00am

Secretary of State