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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90158 010 ***150.00

| DOCUMEN I | # P96 | 00000 |)3632 |
|---------------|----------|-------|-------|
| DONABLIE CONS | TRUCTION | INC | |

Principal Place of Business 20423 STATE ROAD 7 SUITE 155 **BOCA RATON FL 33498**

21

22

23

24

Mailing Address 20423 STATE ROAD 7 SUITE 155

BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/08/1996

| Principal Place of Business | 2a. Mailing Address | 4, FEI Number | Applied For |
|----------------------------------|---------------------|--|-------------------------------------|
| | 26 | 65-0630298 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Le Coetifonto of Status Desired | 8.75 Additional Fee Required |
| City & State | City & State | | 5.00 May Be Added to Fees |
| Zip Country | Zip Country 29 30 | This corporation owes the current year Intangib Personal Property Tax. | |
| O. Name and Address of Current 6 | Ponietored Agent | 10 Name and Address of New Registered Agen | nt |

DONAHUE, JOHN J 149 TILFORD G **DEERFIELD BCH FL 33442**

| | 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 | Signature, typed or printed name of registered agent and title if app | NOTE: E | tegistered Agent signature requ | ired when reinstating) DATE | |
|----------------|---|----------|---------------------------------|---|-------------|
| 12. | OFFICERS AND DIRECT | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | RS IN 12 |
| TITLE | D OF FREE AND BINES IN | ☐ DELETE | 1.1 TITLE | Change | Addition |
| NAME | DONAHUE, JOHN J | | 1.2 NAME | | |
| STREET ADDRESS | 4444 ATATE DOAD 3 OTE 455 | | 1.3 STREET ADDRESS | | |
| | BOCA RATON FL 33498 | | 1.4 CFTY-ST-ZIP | | |
| CITY-ST-ZIP | D | ☐ DELETE | 2.1 TITLE | Change | ☐ Addition |
| | l - | | 2.2 NAME | | _ |
| NAME | BAUMANN, JAMES | | | | |
| STREET ADDRESS | 1 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | ☐ DELETE | 2. 4 CITY-ST-ZIP | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | Change | L] Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | □ DELETE | 6.1 TMLE | ☐ Change | ☐ Addition |
| NAME | Í | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm an officer or director of the corporation or the receiver or trusteen powered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP