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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018558 (2)

1. Corporation Name
DONNINI LIGHTHOUSE, INC.



Principal Place of Business
9250 ALTERNATE A1A
LAKE PARK FL 33403

Mailing Address
9250 ALTERNATE A1A
LAKE PARK FL 33403-1443

3. Date Incorporated or Qualified
02/27/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 305 Royal Poinciana Plaza	26 305 Royal Poinciana Plaza	65-0646578	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 Palm Beach, FL	28 Palm Beach, FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24 33480	29 33480		
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Palm Beach	30 Palm Beach		

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE
SUITE 1100
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
James Jenkins

82 Street Address (P.O. Box Number is Not Acceptable)
305 Royal Poinciana Plaza

83

84 City
Palm Beach

85 Zip Code
FL 33480

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]* JAMES JENKINS
Signature, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	Secretary, Vice President, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNINI, GERALD J	1.2 NAME	James Jenkins
STREET ADDRESS	9250 ALTERNATE A1A	1.3 STREET ADDRESS	305 Royal Poinciana Plaza
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNINI, JAMES T	2.2 NAME	Sidney Kohl
STREET ADDRESS	9250 ALTERNATE A1A	2.3 STREET ADDRESS	305 Royal Poinciana Plaza
CITY-ST-ZIP	LAKE PARK FL 33403	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<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 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.

SIGNATURE: *[Signature]* Pres. Gerald J. Donnini 1-7-97 (561) 863-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)