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Feb 25 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 # P96000069082 (1)

1. Corporation Name
DONMAR INC.



Principal Place of Business
7817 SUGAR BEND DRIVE
ORLANDO FL 32819

Mailing Address
7817 SUGAR BEND DRIVE
ORLANDO FL 32819-7288

3. Date Incorporated or Qualified
08/19/1996

3a. Date of Last Report

2. Principal Place of Business
21 DONMAR INC DBA BEARS HOES DAYCARE
Suite, Apt. #, etc.
22 1616 S. CONWAY GARDENS Rd
City & State
23 ORLANDO, FL
Zip Country
24 32806 25 USA

2a. Mailing Address
26 1616 S. CONWAY GARDENS Rd
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip Country
29 32806 30 USA

4. FEI Number
59-3400536

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BOUZGARD, MARY ANN
7817 SUGAR BEND DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
DONMAR INC. DBA BEARS HOES DAYCARE
82 Street Address (P.O. Box Number is Not Acceptable)
1616 S. CONWAY GARDENS Rd.
83 ORLANDO
84 City
FL 85 Zip Code
32806

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 607.0605, Florida Statutes.

SIGNATURE: *Mary Ann Bouzgard* DATE: 2/20/97
Signature of typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MARY ANN BOUZIGARD	
STREET ADDRESS	1616 S. CONWAY GARDENS Rd	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *Mary Ann Bouzgard* DATE: 2/20/97 (407) 898-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)