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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000066765 (3)

DONAME, INC.

| Principal Place of Business          | Mailing Address                      |  |
|--------------------------------------|--------------------------------------|--|
| 5760 SW 37TH COURT<br>DAVIE FL 33314 | 5760 SW 37TH COURT<br>DAVIE FL 33314 |  |

## **FILED** Apr 30 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address |  |                                    |                    |        |                            |  | *************************************** |                            |
|---|--|------------------------------------|--------------------|--------|----------------------------|--|---|----------------------------|
| 5760 SW 37TH COURT 5760 SW 37TH COURT       |  |                                    |                    |        |                            |  |   |                            |
| DAVIE FL 33314 DAVIE FL 33314               |  |                                    |                    |        | DO NOT WRITE IN THIS SPACE |  |   |                            |
|   |  |                                    |                    |        |                            | 3. Date Incorporated or Qualified  | TOL .                                   |                            |
|   |  |                                    |                    |        |                            | 07/31/1997   |   |                            |
| 2. Principal Pla                            | ace of Business  | 2a. Mailing Address                |                    |        |                            | 4. FEI Number  | Ap                                      | plied For                  |
| 21  | <b>¬</b>   |                                    |                    |        |                            | 133-36-54/7  | No                                      | t Applicable               |
| Suite, Apt. I                               | Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                    |                    |        |                            | 5. Certificate of Status Desired   | \$8.75 A                                |                            |
| 27  |  |                                    |                    |        |                            | Fee Re   |   |                            |
| City & State City & State                   |  |                                    |                    |        |                            | 6. Election Campaign Financing   | \$5.00                                  |                            |
| 23  | 26   |                                    |                    | otes.  |                            | Trust Fund Contribution  | Added t                                 |                            |
| Zip   | Country  | 7ip<br><b>29</b>                   | Cour               | iti y  |                            | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |   |                            |
| 24  | 25 25 Name and Address of Curren   |                                    | 130                |        |                            | 10. Name and Address of New Registered Ag  |   |                            |
| KIC   | K <b>B</b> USH, DOUGLAS  |                                    |                    | 81     | Name                       |  |   |                            |
|   | 0 S.W. 37 CT.  |                                    | -                  | 82     | Stroot Addre               | ess (P.O. Box Number is Not Acceptable)  | <del></del>                             | -                          |
|   | /IE FL 33314   |                                    | ľ                  |        | Jirot Addit                | COO ( C. CON HOMEON TO HOL MODERATIO)  |   |                            |
|   | •  |                                    | Γ                  | 83     |                            |  |   |                            |
|   |  |                                    | }                  | 84     | City                       |  | <b>85</b> Zip (                         | Code                       |
|   |  |                                    |                    |        | •                          | <u>FL</u>  |   |                            |
| office or re                                | o the provisions of Sections 607.050;<br>egistered agent, or beth, in the State<br>in familiar with, and accept the obliga | of Horida, Such change was         | authorized         | hν     | the cornorati              | oration submits this statement for the purpose of clion's board of directors. I hereby accept the appoin   | hanging iti<br>ntment as                | s registered<br>registered |
| SIGNATURE                                   | <del></del>  |                                    |                    |        |                            | ed when reinstaling) DATE  |   |                            |
| 12.   | Signature, typod or printed name of registered ages<br>OFFICERS AND  |                                    | 13.                | Ager   | ni signature require       | ed when reinstalling) DATE  ADDITIONS/CHANGES TO OFFICERS AND D  | IRECTOR                                 | S IN 12                    |
| TITLE                                       | D  | DELETE                             | 11111              | LE     |                            |  | Change                                  | Addition                   |
| NAME  | KICKBUSH, DOUGLAS  |                                    | 1.2 NA             | ME     |                            |  |   |                            |
| STREET ADDRESS                              | 5760 S.W. 37 CT.   |                                    |                    | REET A | ADDRESS                    |  |   |                            |
| CITY - ST - ZIP                             | DAVIE FL 33314   |                                    | 1.4 CIT            | Y - ST | r-71P                      |  |   |                            |
| TITLE                                       | Ū  | DELETE                             | 2.1 TIT            | LE     |                            | L  | Change                                  | Addition                   |
| NAME  | KICKBUSH, NANCY  |                                    | 2.2 NAME           |        |                            | •  |   |                            |
| STREET ADDRESS                              | 5760 S.W. 37 CT.   |                                    | 2.3 \$1            |        | ADDRESS                    |  |   |                            |
| CITY-ST-ZIP                                 | DAVIE FL 33314   |                                    |                    |        | T-ZIP                      |  | 7.65                                    | T Lauren                   |
| TITLE                                       |  | L DELETE                           | 3 1 TIT            |        |                            | L.   | _ Change                                | Addition                   |
| NAME  |  |                                    | 3.2 NA             |        | 1                          |  |   | ŀ                          |
| STREET ADDRESS                              | ~ <u> </u>   |                                    |                    |        | ADDRESS                    |  |   | j                          |
| CITY-ST-ZIP                                 |  | DELETE                             | 3.4. CI<br>4.1 TIT |        | II - ZIP                   |  | Change                                  | Addition                   |
| TITLE<br>NAME                               |  |                                    | 4. 2 NA            |        |                            | _  |   |                            |
| STREET ADDRESS                              |  |                                    |                    |        | ADDRESS                    |  |   |                            |
| CITY-ST-ZIP                                 |  |                                    | 4.4 CIT            |        |                            |  |   |                            |
| TITLE                                       |  | DELETE                             | 5.1 707            |        |                            |  | _ Change                                | Addition                   |
| NAME  |  |                                    | 5.2 NA             | ME     |                            |  |   |                            |
| STREET ADDRESS                              |  |                                    | 5.3 ST             | REET   | ADDRESS                    |  |   | ]                          |
| CITY-ST-ZIP                                 |  |                                    | 5.4 CIT            | Y-\$1  | T - ZIP                    |  |   |                            |
| TITLE                                       |  | ☐ DELETE                           | 61 TIT             | LE     |                            | L  | Change                                  | ☐ Addition                 |
| NAME  | 6  |                                    | 6.2 NA             | ME     |                            |  |   |                            |
| STREET ADDRESS                              |  |                                    | 6.3 ST             | REET   | ADDRESS                    |  |   |                            |
| CITY-ST-ZIP                                 |  |                                    | 6.4 CIT            | Y - S  | T-ZIP                      | 0-25-440 07/0/0 Florida Octavia 15-25  | f. thetat-                              | information                |
| <ol><li>14. I hereby c</li></ol>            | ertify that the information supplied w   | ith this filing does not qualify f | tor the exe        | mpi    | non stated in              | Section 119.07(3)(i), Florida Statutes. I further certi  | ny inai ine                             | miormation                 |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under other that I am anofficer or director of the corporation or the receiver of 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, out or an all graphy my with an address.