


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

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AND  
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1062

98 JUN 19 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> 1. Corporation Name: <b>DONCON INC.</b>		

pg 7000092543

Principal Place of Business: <b>344 NORTH ORLANDO AVE MAITLAND, FL 32751</b>	Mailing Address: <b>344 N. ORLANDO AVE MAITLAND, FL 32751</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/28/1997</b>	Applied For Not Applicable
4. FEI Number <b>59-3475262</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHN L. BREWERTON, III, P.A. 250 NORTH ORANGE AVE PENTHOUSE SUITE ORLANDO, FL 32801</b>
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81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	Zip Code
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11. Pursuant to the provisions of Sections 607.01(2) and 607.05(1), 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 607.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature type required when appointing or removing a registered agent)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>DONNA O'TOOLE</b>
CITY-STATE-ZIP	<b>344 N. ORLANDO AVE</b>
	<b>MAITLAND, FL 32751</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>PETER O'TOOLE</b>
CITY-STATE-ZIP	<b>344 N. ORLANDO AVE</b>
	<b>MAITLAND, FL 32751</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	<b>000002569800--2</b>
13 STREET ADDRESS	<b>-06/23/98--01077--010</b>
14 CITY-STATE-ZIP	<b>****150.00 ****150.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>6-19-98</b>
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am familiar with my obligations.

SIGNATURE: **Donna M. O'Toole** **6/9/98** **(407) 5390818**

CR2E034 (10/97)

20/2

Marie  
& Scott  
Company, Inc.

HAIR DESIGN • MAKE UP ARTIST • CERTIFIED SPECIALIST / POST-OP SURGERY MAKE UP  
344 NORTH ORLANDO AVENUE • MAITLAND FL 32751 • (407) 539-0818 • FAX (407) 539-2390

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

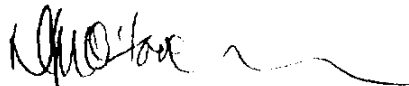
To Whom It May Concern:

As per our telephone conversation, I am enclosing the 1998 Filing Document Annual Report for Doncon, Inc. and our check for \$150.00. Our corporation was formed in November of 1997 and we were overwhelmed and unprepared for the amount of paperwork and forms to keep up with. We are finally reaching the completion of all the different City, County, State, and Federal requirements and found that we did not have this document. When our accountant asked us if we had filed this report we didn't know what he was talking about. That is what prompted me to call you for information on how to file this document.

Having learned of all the various requirements and organizing our records to comply with same, we are able to say that we do not anticipate having this problem again. We humbly request that you grant us a waiver of penalty this time.

Thank you for your consideration in this matter.

Very truly yours,



Donna O'Toole, President  
DONCON, INC.  
344 N. ORLANDO AVENUE  
MAITLAND, FLORIDA 32751  
(407) 539-0818