Applied For

Fee Required

Not Applicable \$8.75 Additional

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000087740

1. Corporation Name

BY DONNER ENTERPRISES, INC.

Principal Place of Business	Mailing Address					
7235 MIAMI LAKES DRIVE	7235 MIAMI LAKES DRIVE					
C-4	C-4					
MIAMI LAKES FL 33014	MIAMI LAKES FL 33014					
	- 10 % A 11					
2. Principal Place of Business 21 814 N. Federal HWY	2a. Mailing Address					
21 814 N. FederAl HWY	26 814 N. Federal HWY					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
22	27					
City & State	City & State					
City & State	28) HAVA MALE TL					

**FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90043 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

10/14/1998 FEI Number

65-086

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City & Stat	ndfle.	fi	City & State	NALE :	fe			ampaign Financin I Contribution	g 🗆	<b>\$5.00</b> Added t	
Zip	Δ (	Country	Zip	C _ Co	untry		8. This corpo	ration owes the c	urrent year Ir	ntangible	
Zip 3300	25	USA	29 2500	7 30	US	} <del>/</del> }	Personal F	roperty Tax.		Yes	□No
		Address of Curre	nt Registered Agent				10. Name and	Address of Nev	v Registered	l Agent	
					81	Name					
	DIE, AINSLEE R				82	Street Addre	see (P.O. Boy Ni	mber is Not Acce	ntable)		
	PONCE DE LEC	on BLVD.			82	Street Addre	355 (F.O. BOX 140	IIIDEI IS NOL ACCE	plable		
	E 215				83		<del></del>	-			
COR	AL GABLES FL	33134									N- 4-
					84	City			FI	85 Zip C	ode
44 Dumunt	to the provisions	of Sections 607.050	02 and 607.1508, Florid	a Statutes, the a	above:	-named coroo	ration submits th	is statement for the	ne purpose c	f changing its	registered
office or r	enistered agent in	or both in the State	of Florida. Such chanc	ie was authorize	d by t	ne corporatio	n's board of dire	ctors. I hereby acc	cept the appo	ointment as re	gistered
agent. I a	m familiar with, ar	nd accept the obliga	ations of, Section 607.0	505, Florida Sta	tutes.						
SIGNATURE				27.5					DATÉ		
	Signature, typed or print	ted name of registered age		(NOTE: Registere	-	signature required		CHANGES TO		ND DIRECTO	RS IN 12
12.	<u>D</u>	OFFICERS AF	ND DIRECTORS		TILE	- $-$	ADDITION	SOUNIAGES TO	JI I IOLIKO A	Change	Addition
TITLE	DONNER, JEF	CDEV A		1							
NAME					AME	}					
STREET ADDRESS	7235 MIAMI L			1.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES	FL 33014			ITY-ST	· ZIP		<del>.</del>		Change	☐ Additio
TITLE				LETE 2.1 T	TILE					Change	Addition
NAME				2.2 M	IAME						
STREET ADDRESS				2.3 8	TREET	address	3				
CITY-ST-ZIP				2.4	СПУ-5Т	r-ZIP					
TITLE			☐ DE	LETE · 3.11	IULTE		-			Change	Addition
NAME				3.21	AME	,					
STREET ADDRESS				3.3 \$	STREET	ADDRESS					
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TITLE			□ DE		TILE				-	☐ Change	☐ Additio
NAME	1			4.2	NAME	}					
STREET ADDRESS				435	TREET	ADDRESS					
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CITY-ST-ZIP TITLE			DE		ITLE	- 1				Change	☐ Additio
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NAME						ADDRESS					
STREET ADDRESS				L	CITY-ST	l l					
CITY-ST-ZIP					TITLE	-21				Change	Addition
TITLE			[] DE		IAME	}				☐ oiāo	
NAME											
STREET ADDRESS					CITY-ST	ADDRESS					

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, with all other like empowered.

SIGNATURE