


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90137 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000106544					
1. Corporation Name DONATO, INC.					
Principal Place of Business 4417 SPANKER CT., #3E FT. MYERS FL 33919			Mailing Address 4417 SPANKER CT., #3E FT. MYERS FL 33919		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2323 DEL PRADO BLVD.		26 2323 DEL PRADO BLVD		12/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 7		27 # 7		65-0899308	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CAPE CORAL, FL		28 CAPE CORAL, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33990 25 USA		29 33990 30 USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRIFFITH, ALLAN T 2100 MCGREGOR BLVD. FT. MYERS FL 33901				81 Name SAMUEL WEINSTEIN	
				82 Street Address (P.O. Box Number is Not Acceptable) 2323 DEL PRADO BLVD	
				83 SUITE # 7	
				84 City CAPE CORAL FL 85 Zip Code 33990	
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 <u>SAMUEL WEINSTEIN / PRESIDENT</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD GRIFFITH, ALLAN T			1.2 NAME SAMUEL WEINSTEIN		
STREET ADDRESS 2100 MCGREGOR BLVD.			1.3 STREET ADDRESS 2323 DEL PRADO BLVD # 7		
CITY-ST-ZIP FT. MYERS FL 33901			1.4 CITY-ST-ZIP CAPE CORAL, FL 33990		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			2.2 NAME RUTHANN WEINSTEIN		
STREET ADDRESS			2.3 STREET ADDRESS 2323 DEL PRADO BLVD # 7		
CITY-ST-ZIP			2.4 CITY-ST-ZIP CAPE CORAL, FL 33990		
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 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, with all other like empowered.

SIGNATURE:

 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99

(941) 772-1888

CR2E034 (1/198)