

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02468 (4)
1. Corporation Name
DONEGALE, INC.



Principal Place of Business Mailing Address
826 N O ST 826 N O ST
LAKE WORTH FL 33460 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1320 LEE RD		26 5466 GARDEN HILL CIRCLE		09/24/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 PEMBROKE, GA		27		65-0219426	
City & State		City & State		Applied For	
23		28 WEST PALM BEACH, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 31321		29 33415		8	
Country		Country		8. This corporation owes or has paid the current year Intangible	
25 USA		30 USA		Personal Property Tax due June 30.	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

CASSIDY, EDWARD JAMES
826 N O ST
LAKE WORTH 33460

81 Name CASSIDY, EILEEN B.
82 Street Address (P.O. Box Number is Not Acceptable)
5466 GARDEN HILL CIRCLE
83
84 City WEST PALM BEACH FL 85 Zip Code 33415

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 Eileen B Cassidy Eileen B. Cassidy 5/8/98
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CASSIDY, GERALDINE		1.2 NAME	CASSIDY, EDWARD JAMES			
STREET ADDRESS	826 NORTH O STREET		1.3 STREET ADDRESS	1320 LEE RD			
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	PEMBROKE, GA 31321-8319			
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASSIDY, EILEEN		2.2 NAME	GERALDINE E. Cassidy			
STREET ADDRESS	826 N O STREET		2.3 STREET ADDRESS	1320 Lee Road			
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	Pembroke, GA 31321			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME	Eileen B. Cassidy			
STREET ADDRESS			3.3 STREET ADDRESS	5466 GARDEN HILL CIRCLE			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	West Palm Beach, FLA 33415			
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.

SIGNATURE: Edward J. Cassidy Edward James Cassidy 4/18/98

CR2E034 (10/97)