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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90054 026 ***158.75

0032308

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S02468**

1. Corporation Name
DONEGALE, INC.



Principal Place of Business
 1320 LEE ROAD
 PEMBROKE GA 31321
 US

Mailing Address
 5466 GARDEN HILL CIRCLE
 WEST PALM BEACH FL 33415
 US

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	
				65-0219426	
City & State		City & State		5. Certificate of Status Desired	
PEMBROKE GA		PEMBROKE GA		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
31321		31321		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASSIDY, EDWARD JAMES 5466 GARDEN HILL CIRCLE WEST PALM BEACH FL 33415				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	85 Zip Code	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSIDY, EDWARD JAMES			1.2 NAME			
STREET ADDRESS	1320 LEE RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE CA 31321-8319			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSIDY, GERALDINE			2.2 NAME			
STREET ADDRESS	1320 LEE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE GA 31321			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSIDY, EILEEN B			3.2 NAME			
STREET ADDRESS	5466 GARDEN HILL CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33415			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: Edward J. Cassidy SIGNATURE REQUIRED: EDWARD J. CASSIDY / PRESIDENT 2/1/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 917-823-1347

CR2E034 (11/98)