FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

S56838

DOCUN 1. Corporation ROBE	Name	# S5683 CDONNELL & ASS		(3) ATES, INC.							
Principal Place	of Business		М	lailing Address							
525 SHADOW LAKES BLVD.				525 SHADOW LAKES BLVD. ORMOND BEACH FL 32174							
								3. Date Incorporated or Qualified 05/30/1991	3a.	Date of Last Re 05/01/19	•
				Mailing Address				4. FEI Number		 	Applied For
1 26 Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-3069750 Not Applicable \$8.75 Additional			
2 27)				Stille, Apr. #, Sto.				5. Certificate of Status Desired		T	Required
City & State				City & State				6. Election Campaign Financing		\$5.00	0 May Be
23					,			Trust Fund Contribution			to Fees
Zip	Country			Zip Cou			/	8. This corporation has liability for Florida Statutes Yes			199.032,
24	9. Name	25 and Address of Current	Regis	stered Agent	[30]	Г		10. Name and Address of New R			
						81	Name	a. a. v. salamana C. v. salamana (Menana Indonesia Arabana Indonesia Arabana Indonesia Arabana Indonesia Araba			
MCDONNELL, ROBERT P.						82	Stroot Add	Address (D.O. Boy Number is Not Assertable)			
525 SHADOW LAKES BLVD.						02	Sirect Add	Address (P.O. Box Number is Not Acceptable)			
		H FL 32174				83					
						84	City			85 Zir	o Code
44 5	امان د حم مدافر ما	ana al Pastiana 607 0500	and 6:	07 1600 Florido Stoluto	a tha aba	L		ration askepita this statement for the gui		FL 55 24	onintered office
or register familiar wit	ed agent, or th, and acce	both, in the State of Florida pt the obligations of, Section	a. Suc on 607	h change was authorize .0505, Florida Statutes.	d by the	corp	oration's boa	ration submits this statement for the puring of directors. I hereby accept the app	ointme	ent as registered	agent. I am
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd tile if	applicação (NO	F Registered	1 Ager	nt signature require	ad when reinstating)	D.	ATE	
12.		OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS	AND DIRECTO	RS IN 12
TATLE	PTD			DELETE	1.11	IITLE				Change	☐ Addition
NAME		ONNELL, ROBERT P.			1.2 N	IAME					
STREET ADDRESS	100 011 - 1110 - 1110				1		I ADDRESS				
CATY-ST-ZIP	ORM	OND BEACH FL		DELETE			ST-ZIP			Change	Addition Addition
TITLE				[] DELETE	2.11					Change	LT MODITION
NAME	}				2.2 N		T ADDRESS				
STREET ADDRESS							S1-ZIP				
CITY-ST-ZIP TITLE				DELETE	3.1		St ZII	_		. Change	Addition
NAME					3.2 h			ŕ			
STREET ADDRESS					3.3. \$	STHEE	T ADDRESS				
CITY-ST-2IP	1				340	HY-S	ST-ZIP				
TITLE				DELETE	4.1	TITLE				Change	Addition
NAME					4.2 N	IAME					
STREET ADDRESS					438	TREE	T ADDRESS				
CITY-ST-ZIP				Fig. Sec. sec.			ST-ZIP			<u> </u>	Fin Approx
TITLE				☐ DELETE		TITLE				Change	☐ Addition
NAME					521		. ADDRESS				
STREET ADDRESS					1		T ADDRESS				
CITY-ST-ZIP	ļ			DELETE	5.4 C 6. 1		ST-7IP			Change	Addition
TITLE				C) Acrest		ITTLE IAME				€ Guanãe	L.J riduition
NAME STREET ADDRESS]						1 ADORESS				
	1				1						
CITY-ST-ZIP	I contifue the	the information of period w	261. 41.2	e filipe is ush ptorily fure	obod opd	ui I - l	SI-ZIP	for the exemption stated in Section 119	07(3)/	k\ Florida Statut	toe I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RESIDENCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904-677-5698