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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$88459

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DONATO INSURANCE AGENCY, INC.

May 08 1997 8:00am Secretary of State

FILED

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2. Principal Place of Business 2. Addition Agidings. 2. Principal Place of Business 2. Addition Agidings. 2. Addition Agidings. 2. Sulfa, Apt 8, etc. 2. S	Principal Place of Business Mailing Address 2519 E HWY 436 APOPKA FL 32703 US US									
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B3 B4 City	2519	9 E HWY 436	1	82 Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE	APO	PKA FL 32703		33						
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of control specific and familiar with, and accept the obligations of, Socion 607.0508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of agent, and accept the obligations of, Socion 607.0508, Florida Statutes. SIGNATURE								Int 3:57	Code	
SIGNATURE Signature, typed or purine rannel of registrates again and size is equivable. (NOTE, Registrated Agent signature required when remotiving). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DONATO, JAMES F., JR. 2517 E. HIGHWAY 438 2517 E. HIGHWAY 438 13 STREET ADDRESS CITY-ST-2P ITILE DELETE 14 CITY-ST-2P ITILE DELETE 31 THE AMAE STREET ADDRESS CITY-ST-2P ITILE MAKE 12 MAME 32 MAME 33 STREET ADDRESS CITY-ST-2P ITILE MAKE 4 2 MAME 4 2 MAME STREET ADDRESS CITY-ST-2P ITILE MAKE BY ACHY-ST-2P TITLE ACHY-ST-2P ACHY-ST-2P TITLE ACHY-ST-2P TITLE ACHY-ST-2P TITLE ACHY-ST-2P TITLE ACHY-ST-2P ACHY-ST-2P TITLE ACHY-ST-2P ACHY-ST-2P ACHY-ST-2P ACHY-ST-2P TITLE ACHY-ST-2P A										
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14. I do 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	CITY-ST-ZIP		1 30 01 00				- , ,			

Information Indicated on this annual report or supplemental annual report is true and at am an officer or director of the corporation or the receiver or trustee empowered to a appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE