

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT #	V19761	(8)
1. Corporation Name		
DONAVON ENTERPRISES INC		
Principal Place of Business		Mailing Address
8735 Olde Hickory Ave Unit 8203 Sarasota, FL 34238		8735 Olde Hickory Ave Unit 8203 Sarasota, FL 34238

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/06/92	04/00/96
State, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0314150	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<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	
RICE, DONALD B 8735 OLDE HICKORY AVE #8203 SARASOTA FL 34238		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	RICE, DONALD B	1.1 TITLE	1.2 NAME
8735 OLDE HICKORY AVE #8203	8735 OLDE HICKORY AVE #8203	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
SARASOTA, FL 34238	SARASOTA, FL 34238	2.1 TITLE	2.2 NAME
DT	RICE, DAVON M	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
8735 OLDE HICKORY AVE #8203	8735 OLDE HICKORY AVE #8203	3.1 TITLE	3.2 NAME
SARASOTA, FL 34238	SARASOTA, FL 34238	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DS	RICE, ERIN C	4.1 TITLE	4.2 NAME
8735 OLDE HICKORY AVE #8203	8735 OLDE HICKORY AVE #8203	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
SARASOTA, FL 34238	SARASOTA, FL 34238	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		900002163899 -05/02/97--01102--020 ***165.00	

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 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: *DAVON M. RICE* DAVON. M. RICE 04-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
941-917-8311

CR2E034 (9/96)