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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **V67765** **(0)**

1. Corporation Name

EUBANKS/DONIZETTI ENTERPRISES, INC.

Principal Place of Business

28870 US 19 N
#230
CLEARWATER FL 34621
US

Mailing Address

28870 US HWY 19 N
#230
CLEARWATER FL 34621
US

3. Date Incorporated or Qualified: **09/15/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3150090** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business

21

Suite, Apt., #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

DONIZETTI, LARRY
950 CARSTAIRS CT.
TARPON SPRINGS FL 34689

10. **Name and Address of New Registered Agent**

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: DATE

12. OFFICERS AND DIRECTORS

TITLE	CMD	[ ] DELETE
NAME	DONIZETTI, LARRY	
STREET ADDRESS	950 CARSTAIRS CT.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	[ ] DELETE
NAME	EUBANKS, ROBERT	
STREET ADDRESS	3617 ROBLAR AVE	
CITY-ST-ZIP	SANTA YNEZ CA	
TITLE	STVD	[ ] DELETE
NAME	DONIZETTI, MARIA	
STREET ADDRESS	950 CARSTAIRS CT.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and upon request for a 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 added in attachment with an address.

SIGNATURE: 4/1/96 (813) 726-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Maria A. Donizetti

CR2E034 (12/95)