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pg. 182

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

97 APR 30 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L96000000011**

DONMAR GLOBAL BUSINESS SERVICES, L.C.
% THOMAS CASSIDY
22046 LAS BRISAS CIRCLE
BOCA RATON FL 33433-4809

1a. Principal Place of Business Address
FALLS
263 RIVER FALLS DRIVE
DUNCAN SC 29334

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 2/28/1995 | FL |
| City & State | | City & State | | 4. FEI Number See Attached APPLIED FOR | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 5. Date of Last Report 04/29/1996 | 6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required |

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| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent | |
| CASSIDY, THOMAS B 22046 LAS BRISAS CIRCLE BOCA RATON FL 33433 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|---|--------------------------|
| MGRM | MASCOLO, DONNA M | 15731 CEDAR GROVE LANE | WELLINGTON FL |
| MGRM | MARONDE, DIANE L | 3630 ATLANTA STREET | COCOA FL |
| | | 300002167493-9 -05/05/97-01072-029 ***203.75 ***203.75 A. Allen 4/30/97 | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Thomas B. Cassidy* **THOMAS B. CASSIDY** 17APR97 561-338-3118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

| | | |
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| Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service | Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) | EIN OMB No. 1545-0003 Expires 12-31-96 |
|--|---|--|

Please type or print clearly.

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|---|---|
| 1 Name of applicant (Legal name) (See instructions.) DONMAR GLOBAL BUSINESS SERVICE, L.C. | |
| 2 Trade name of business, if different from name in line 1 | 3 Executor, trustee, "care of" name |
| 4a Mailing address (street address) (room, apt., or suite no.) 22046 LAS BRISAS CIRCLE | 5a Business address, if different from address in lines 4a and 4b 263 RIVER FALLS DRIVE |
| 4b City, state, and ZIP code BOCA RATON FL 33433-4809 | 5b City, state, and ZIP code DUNCAN, SC 29534 |
| 6 County and state where principal business is located Spartanburg, SC | |
| 7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 65-05258-15 F61N DONNA M MASCOLO SSN 147-48-3423 | |

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| 8a Type of entity (Check only one box.) (See instructions.) | <input type="checkbox"/> Estate (SSN of decedent) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Sole Proprietor (SSN) | <input type="checkbox"/> Plan administrator-SSN | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Church or church controlled organization |
| <input type="checkbox"/> National guard | (enter GEN if applicable) | |
| <input type="checkbox"/> Other nonprofit organization (specify) | | |
| <input checked="" type="checkbox"/> Other (specify) ▶ LLC | | |

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| 8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State | Foreign country |
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| 9 Reason for applying (Check only one box.) | <input type="checkbox"/> Changed type of organization (specify) ▶ |
| <input checked="" type="checkbox"/> Started new business (specify) ▶ 1995 | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Hired employees | <input type="checkbox"/> Created a trust (specify) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ | |
| <input type="checkbox"/> Banking purpose (specify) ▶ | <input type="checkbox"/> Other (specify) ▶ |

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| 10 Date business started or acquired (Mo., day, year) (See instructions.) 12/28/95 | 11 Enter closing month of accounting year. (See instructions.) 12/31 |
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| 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) |
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|---|-----------------|--------------|-----------|
| 13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." | Nonagricultural | Agricultural | Household |
| 2 | 2 | | |

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| 14 Principal activity (See instructions.) ▶ REAL ESTATE & BUSINESS VALUATIONS CONSULTING |
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| 15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
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| 16 To whom are most of the products or services sold? Please check the appropriate box. | <input type="checkbox"/> Business (wholesale) | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Public (retail) | <input checked="" type="checkbox"/> Other (specify) ▶ INVESTORS | |

| | | |
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| 17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| 17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. |
| Legal name ▶ DONNA M MASCOLO Trade name ▶ DONNA M MASCOLO |

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| 17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. |
| Approximate date when filed (Mo., day, year) City and state where filed Previous EIN FL-65-05258-15 3/16/95 TALLMASSER FL 65-05258-15 |

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| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code) |
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| Name and title (Please type or print clearly.) ▶ DONNA M MASCOLO PRESIDENT (407) 338-3118 |
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| Signature ▶ Donna M Mascolo Date ▶ 4/20/96 |
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|----------------------|--|--|--|--|------|------|-------|------|---------------------|
| Please leave blank ▶ | | | | | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|--|--|--|--|------|------|-------|------|---------------------|