## 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

DOCUMENT # 325812

(6)

DOUGLAS ENTERPRISES, INC.

FILED
Jan 22 1997 8:00am
Secretary of State



| Principal Place                            | of Business   | Mailing Address  |   |                |                     | n 1005/03 bilbie aindu ahadi 10000 kilata kinat ahadi ahadi ahadi ahadi atati abati      |  |                            |                                   |
|--|---|--|---|----------------|---------------------|--|--|----------------------------|-----------------------------------|
| 5731 NW 54TH WAY<br>TAMARAC FL 33319<br>US |   | 5731 NW 54TH WAY<br>TAMARAC FL 33319-251<br>US                   | 5731 NW 54TH WAY<br>TAMARAC FL 33319-2516 |                |                     |  |  | 1                          |                                   |
| 00   |   |  |   |                |                     | 3. Date Incorporated or Qualified 01/30/1968   |  | ate of Last<br>/02/1996    |                                   |
| 2. Principal Pl.<br>21                     | ace of Business   | 2a. Mailing Address  |   |                |                     | 4. FEI Number 59-1202740   |  | -                          | Applied For<br>Not Applicable     |
| Suite, Apl. :                              | #, etc.   | Suite, Apt. #, etc.  |   |                |                     | Certificate of Status Desired  |  | \$8.75                     | Additional<br>Required            |
| City & State                               | ]   | City & State   |   |                |                     | 6. Election Campaign Financing   | ······································ |                            | O May Be                          |
| 23   |   | 28   |   |                |                     | Trust Fund Contribution  |  | Adde                       | d to Fees                         |
| Zip  | Country   | Zip  | 30 Co                                     | untry          |                     | 8. This corporation has liability for it   | ntangible<br>] Yes                     |                            | s. 199.032,                       |
| 24   | 9. Name and Address of Curre  | 29  <br>ent Registered Agent                                     | 30  | Т              |                     | 10. Name and Address of New Re   |  |                            | <del></del>                       |
| DΩI  | JGLAS,DAVID C   |  |   | 81             | Name                |  |  |                            |                                   |
|  | 1 N.W. 54 WAY   |  |   | 82             |                     |  |  |                            |                                   |
| -  | RT LAUDERDALE FL 33319  |  |   |                |                     | ess (P.O. Box Number is Not Acceptable)  |  |                            |                                   |
| ,  |   |  |   | 83             |                     |  |  |                            |                                   |
|  |   |  |   | 84             | City                |  | FL                                     | 85 Zi                      | p Code                            |
| office or re<br>agent Tar<br>SIGNATURE     | to the provisions of Sections 607.05<br>egistered agent, or both, in the Sta<br>in familiar with, and accept the obli-<br>sion in the document have or registered a | ite of Florida. Such change wa<br>igations of, Section 607 0505, | is authorize<br>Florida Sta               | ed by          | y the corpora<br>s. | poration submits this statement for the p<br>tition's board of directors. I hereby accep | urpose of the ap                       | of changing<br>pointment a | ) its registered<br>as registered |
| 12.  | ····  | ND DIRECTORS   | 13.                                       | BU AGE         | an aignature requ   | ADDITIONS/CHANGES TO OFFIC   |  | D DIRECTO                  | ORS IN 12                         |
| TILE                                       | DST   | DELETE   | 11  | HTLE           |                     |  |  | Chang                      | e Additio                         |
| NAMé                                       | DOUGLAS, JOSEPHINE  |  | 1.21                                      | NAME           |                     |  |  |                            |                                   |
| STREET ADDRESS                             | 5731 NW 54TH WAY  |  | 1.3 !                                     | STREET         | ADDRESS             |  |  |                            |                                   |
| CITY-ST-7IP                                | TAMARAC FL  |  |   |                | ST-ZIP              |  |  |                            | ·····                             |
| TITLE                                      | PD  | L] DELETE  | 21  | TITLE          | ļ                   |  |  | Chang                      | e 🔲 Addition                      |
| NAME                                       | DOUGLAS, DAVID C  |  |   | NAME           |                     |  |  |                            |                                   |
| STREET ADDRESS                             | 5731 NW 54TH WAY  |  |   |                | ADDRESS             | ·  |  |                            |                                   |
| CITY - ST - ZIF                            | TAMARAC FL  | DELETE   |   |                | ST-ZIP              |  | <del></del>                            | Chang                      | e Addition                        |
| TITLE                                      |   | First Detect   | i i                                       | TITLE          |                     |  |  | L. Criany                  | e [_] Addition                    |
| NAME CTOTET ADDRESS                        |   |  |   | NAMÉ<br>STOCET | T ADDRESS           |  |  |                            |                                   |
| STREET ADDRESS<br>CITY-S1-ZIP              |   |  |   |                | ST-ZIP              |  |  |                            |                                   |
| TITLE                                      |   | DELETE   |   | TITLE          | VI 211              |  |  | Chang                      | e Additio                         |
| NAME                                       |   |  | 4. 2                                      | NAME           | f                   |  |  |                            |                                   |
| STREET AODRESS                             |   |  | 4.3                                       | STREE          | T ADDRESS           |  |  |                            |                                   |
| CITY-SI-ZIP                                |   |  |   |                | ST - ZIP            |  |  |                            |                                   |
| THE  |   | ☐ DELETÉ   |   | TITLE          |                     |  |  | Chang                      | e 🔲 Additio                       |
| NAME                                       |   |  | 5.2                                       | NAME           | ļ                   |  |  |                            |                                   |
| STREET ADDRESS                             |   |  | 53  | STREET         | ADDRESS             |  |  |                            |                                   |
| CITY-ST-ZIP                                |   | ···  | 5.4                                       | CITY-S         | ST-ZIP              |  |  |                            |                                   |
| TITLE                                      |   | ☐ DELETE   | 6.1                                       | TITLE          |                     |  |  | Chang                      | e 🔲 Additio                       |
| NAME                                       |   |  | 6.2                                       | NAME           |                     |  |  |                            |                                   |
| STREET ADDRESS                             |   |  | 6.3                                       | STREE          | T ADDRESS           |  |  |                            |                                   |
| CITY-ST-ZIP                                |   |  | 6.4                                       | CITY-S         | ST - <b>Z</b> IP    |  |  |                            |                                   |

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 regnular 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 directly 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 3 ock 13 if changed, or on an attachment with an address.

SIGNATURE:

HO ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN, 151997 954-722-5783