

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 455158 (6)

1. Corporation Name
DOUGLAS CAPITAL MANAGMENT, INC.



Principal Place of Business 10033 SAWGRASS DRIVE WEST SUITE 101 & 102 PONTE VEDRA BEACH FL 32082 US	Mailing Address 10033 SAWGRASS DRIVE WEST SUITE 101 & 102 PONTE VEDRA BEACH FL 32082-3531 US
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 06/21/1974	3a. Date of Last Report 02/20/1996
4. FEI Number 59-1559296	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOUGLAS, G. BRUCE
 10033 SAWGRASS DRIVE WEST
 SUITE 101& 102
 PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, BRUCE G.	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	PDTS	<input type="checkbox"/> DELETE
NAME	DOUGLAS, BRUCE (NMI)	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOLEY, SAMUEL J., JR.	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, CHRISTOPHER	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHOBES, ANNE, L	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOUGLAS, JAMES A.	
STREET ADDRESS	10033 SAWGRASS DRIVE WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUGLAS, G. BRUCE
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or person 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: *Bruce Douglas* BRUCE DOUGLAS-28-97 904-285-7866

CR2E034 (9/96)