

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000049323
 1. Corporation Name
DOUGLIN MANAGEMENT CORPORATION

Principal Place of Business 2850 Counts Lane Titusville, FL 32796	Mailing Address 202 Plumosa Road DeBary, FL 32713
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/93	3a. Date of Last Report 1996
21. Suite, Apt #, etc	26. Suite, Apt #, etc	4. FEI Number 59-3192181	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**David E. Abeles
 5 Highbanks Road
 DeBary, FL 32713**

10. Name and Address of New Registered Agent

81 Name Eleanor B. Ade
82 Street Address (P.O. Box Number is Not Acceptable) 202 Plumosa Road
83
84 City DeBary
85 Zip Code FL 32713

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: **ELEANOR B. ADE U.P./D** *Eleanor B. Ade* **4-23-97**
 (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: Charles Shalett	STREET ADDRESS: 505 Deltona Blvd., Ste. 104	CITY, ST, ZIP: Deltona, FL 32725	<input type="checkbox"/> DELETE
TITLE: D	NAME: Linda Stampfli	STREET ADDRESS: 12738 South Groshong Road	CITY, ST, ZIP: Molalla, OR 97038	<input type="checkbox"/> DELETE
TITLE: D	NAME: Ron Ade	STREET ADDRESS: 8511 Serenata Drive	CITY, ST, ZIP: Whittier, CA 90603	<input type="checkbox"/> DELETE
TITLE: D	NAME: David E. Abeles	STREET ADDRESS: 5 West Highbanks Road	CITY, ST, ZIP: DeBary, FL 32713	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
TITLE: D	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: T-D	12 NAME: Charles Shalett	13 STREET ADDRESS: 505 Deltona Blvd., Ste. 104	14 CITY - ST - ZIP: Deltona, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE:	22 NAME:	23 STREET ADDRESS:	24 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: P-D	32 NAME: Ronald J. Ade	33 STREET ADDRESS: 8511 Serenata Drive	34 CITY - ST - ZIP: Whittier, CA 90603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE:	42 NAME:	43 STREET ADDRESS: 900002161239	44 CITY - ST - ZIP: -05/01/97--01012--014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: V-D	52 NAME: Eleanor B. Ade	53 STREET ADDRESS: 202 Plumosa Road	54 CITY - ST - ZIP: DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE: S	62 NAME: Marcie S. Hampton	63 STREET ADDRESS: 2355 South Ridgewood Avenue	64 CITY - ST - ZIP: South Daytona, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 in an attached block with an address.

SIGNATURE: *Charles Shalett* **Charles Shalett, T/D** (407) 574-6601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)