

**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

**DOCUMENT # P93000049323**  
 1. Corporation Name  
**DOUGLIN MANAGEMENT CORPORATION**

Principal Place of Business      Mailing Address  
**2850 Counts Lane      202 Plumosa Road**  
**Titusville, FL 32796      DeBary, FL 32713**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/08/93	1996
22		27		4. FEI Number	Applied For
23		28		59-3192181	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		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 resigning)      DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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)