## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1998

**RON ADE** 

8511 SERENATA DRIVE

WHITTIER CA 90603

ADE, ELEANOR B

202 PLUMOSA RD.

DEBARY FL 32713

HAMPTON, MARCIE S

S. DAYTONA FL 32119

2355 SOUTH RIDGEWOOD AVE.

NAME

TITLE

TITLE

NAME

TITLE NAME

NAME -

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business



FLORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000049323 (7)

## DOUGLIN MANAGEMENT CORPORATION

2850 COUNTS LANE 202 PLUMOSA ROAD TITUSVILLE FL 32796 DEBARY FL 32713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3192181 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζiρ Country  $Z_{1D}$ This corporation owes or has paid the current year Intangible Yes Yes 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 ADE, ELEANOR B 202 PLUMOSA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **DEBARY FL 32713** 83 84 City Zip Code 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 Bugistured Agent signature required when ternstating) Signature, typod or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETLLE Change Addition TITLE TD 1.1 TITLE NAME SHALETT CHARLES 1.2 NAME 505 DELTONA BLVD #104 1.3 STRELL ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 1.4 CITY-ST-7IP DILLIE \_\_\_ Addition Change 21 1111 [ TITLE LINDA STAMPELI NAME 2.2 NAME 12738 S GROSHONG ROAD 2.3 STREET ADDRESS STREET ADDRESS MOLALLA OR 97038 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE

CITY-ST-ZIP 14. I 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 suppliemental 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 changed, n address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TIBLE

5.2 NAME

6.1 1IILE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

64 CHY+SL-7/P

4.4 CITY - ST - ZIP

3.4. CITY - ST - 2IP

Change

Change

Addition

Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State