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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1993

4. FEI Number
59-3192181
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADE, ELEANOR B
202 PLUMOSA ROAD
DEBARY FL 32713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHALETT CHARLES	
STREET ADDRESS	505 DELTONA BLVD #104	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDA STAMPEL	
STREET ADDRESS	12738 S GROSHONG ROAD	
CITY-ST-ZIP	MOLALLA OR 97038	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RON ADE	
STREET ADDRESS	8511 SERENATA DRIVE	
CITY-ST-ZIP	WHITTIER CA 90603	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADE, ELEANOR B	
STREET ADDRESS	202 PLUMOSA RD.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMPTON, MARCIE S	
STREET ADDRESS	2355 SOUTH RIDGEWOOD AVE.	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES SHALETT
Treasurer
1/29/98 (407) 574-660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)