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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088301 (5)

DOUGLYN WELLS, INC.

FILED Apr 16 1998 8:00am Secretary of State

					<u> </u>	IUI 18188 IIII BI	
Principal Place	e of Business	Mailing Address			1 100 1100 til 10100 till 00111 00111 00111 00111 10111 101111		Bribri (1841 9884
23489 BARLAKE DR. BOCA RATON FL 33433		23489 BARLAKE DR.					
		BOCA RATON FL 334	BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					12/20/1993		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	pplied For
21	_	26			65-0457434		ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22	·	27			5. Certificate of Status Desired	Fee F	Required
City & State	Ð	City & State			6. Election Campaign Financing	\$5.00	May Be
23	· - · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the cu		
24	25 9. Name and Address of C	29	30				No No
		urrent Hegistered Agent		81 Name	10. Name and Address of New Registered	Agent	
	WMAN, SANFORD D		Į.	- Italie			
	89 BARLAKE DRIVE		Ī	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 201			}	63			
B00	CA RATON FL 33433						
,			1	84 City	FL	85 Zip	Code
-,	1 4	7.0500 2.007.4500. Etc.: 4- 04-	4.400.45.00		poration submits this statement for the purpose of	-	In
14 Durement to		Ctate of Florida Cueb alternative	atulos, trib au ac authorizac	I by the corpora	ation's board of directors. I hereby accept the ap	pointment as	s registered
office or re	egistered agent, or both, in the l	State of Florida, Such change wa	as authonizec				•
office or re	egistered agent, or both, in the l	obligations of Section 607,0505,	, Florida State	utes.			
office or re agent. 1 ar SIGNATURE	egistered agent, or both, in the milamiliar with, and accept the	obligations of, Section 607,0505,	, Florida State	utes.			
office or re agent. 1 ar SIGNATURE	egistered agent, or both, in the milamiliar with, and accept the insignature, typed or printed hance of registrations.	obligations of, Section 607.0505, red agent and title if applicable.	, Florida State	utes.	uired when reinstating) DATE ADDITIONS/CHANGES TO DESICERS AN	ID DIRECTO	BS IN 12
office or reagent. 1 an SIGNATURE	egistered agent, or both, in the m lamiliar with, and accept the Signature, typed or printed name of registring.	obligations of, Section 607.0505, red agent and trile if applicable. (6	Florida State NOTE: Registered 13.	utes. Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
office or reagent. 1 ar SIGNATURE	egistered agent, or both, in the miliamiliar with, and accept the consideration of registro. Signature, typed or printed name of registro. OFFICER:	obligations of, Section 607.0505, red agent and title if applicable.	Florida State NOTE: Registered 13. 1.1 TIT	utes. Agent signature requ		D DIRECTO	RS IN 12
office or reagent. 1 ar SIGNATURE 12. TITLE NAME	egistered agent, or both, in the millamiliar with, and accept the insignature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D	obligations of, Section 607.0505, red agent and trile if applicable. (6	NOTE: Registered 13. 1.1 TiT	utes. Agent signature requ LE ME			
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607.0505, red agent and trile if applicable. (6	NOTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STF	LI Agent signature requille LE ME REET ADDRESS			
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the millamiliar with, and accept the insignature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D	obligations of, Section 607.0505, red agent and trile if applicable. (6	NOTE: Registered 13. 1.1 117 1.2 NA 1.3 STF	I Agent signature requires LE ME HEET ADDRESS IY-ST-ZIP			
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and title if applicable. (I S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT	LE ME REET ADDRESS IY-S1-ZIP LE		Change	Addition
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and title if applicable. (I S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TiT 12 NA 1.3 STE 1.4 CIT 2.1 TIT 2.2 NA	LLE ME HEET ADDRESS (Y-S1-ZIP) LE ME		Change	Addition
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and title if applicable. (I S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.2 NAI 2.3 STE	LE ME LE		Change	Addition
office or reagent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and title if applicable. (I S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.2 NAI 2.3 STE	LLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		Change	Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I) S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 2.4 CIT 3.1 TIT 3.1 TIT 3.1 TIT 3.1 TIT 3.1 TIT 4.1 TIT 4.1 TIT 4.1 TIT 5.2 TIT 5.3 TIT 5.3 TIT 5.4 TIT 6.5 TIT 7.4 TIT 7.5 TIT 7.	LE ME LE		Change	Addition
office or reagent. 1 ar signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I) S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 13 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 2.4 CIT 3.1 TIT 3.2 NAI 3.2 NAI 3.2 NAI	LE ME REET ADDRESS (Y-S1-ZIP) LE ME REET ADDRESS (Y-S1-ZIP) LE ME ME REET ADDRESS (Y-S1-ZIP) LE ME		Change	Addition
office or reagent. 1 ar signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I) S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.2 NAI 2.3 STE 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STE	LE ME LE		Change	Addition
office or reagent. I ar agent. I ar signature 12. Title NAME STREET ADDRESS CITY-5T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I) S AND DIRECTORS DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.2 NAI 2.3 STE 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STE	LE ME HEET ADDRESS (Y-ST-ZIP) LE ME REET ADDRESS (Y-ST-ZIP) LE ME REET ADDRESS (Y-ST-ZIP) LE ME REET ADDRESS (Y-ST-ZIP) LE ME TADDRESS (Y-ST-ZIP)		Change	Addition
office or reagent. I ar agent. I ar signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I S AND DIRECTORS DELETE DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STE 1.4 CIT 2.1 TIT 2.2 NA 2.3 STE 2.4 CIT 3.1 TIT 3.2 NA 3.3 STE 3.4 CIT	LE ME HEET ADDRESS (Y-ST-ZIP) LE ME REET ADDRESS (Y-ST-ZIP) LE		Change Change Change	Addition Addition
office or reagent. 1 ar signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I S AND DIRECTORS DELETE DELETE	NOTE: Registered 13. 1.1 TT 12 NA 13 STF 1.4 CTT 2.1 TTT 2.2 NAI 2.3 STF 3.1 TTT 3.2 NAI 3.3 STF 3.4 CTT 4.1 TTT 4.2 NAI 4.2	LE ME HEET ADDRESS (Y-ST-ZIP) LE ME REET ADDRESS (Y-ST-ZIP) LE		Change Change Change	Addition Addition
office or reagent. 1 ar signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I S AND DIRECTORS DELETE DELETE	NOTE: Begistered 13. 1.1 TT 12 NA 13 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 3.4 CIT 3.1 TIT 4.2 NA 4.3 STF	LE ME REET ADDRESS (Y-ST-ZIP) LE ME ME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME		Change Change Change	Addition Addition
office of te agent. I ar agent. I ar agent. I ar agent. I ar I ar agent. I ar	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and trile if applicable. (I S AND DIRECTORS DELETE DELETE	NOTE: Begistered 13. 1.1 TT 12 NA 13 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 3.4 CIT 3.1 TIT 4.2 NA 4.3 STF	LIE ME HEET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MAME		Change Change Change	Addition Addition
office of reagent. 1 ar SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and tale if applicable. (I S AND DIRECTORS DELETE DELETE DELETE	NOTE: Registered 13. 1.1 TIT 12 NA 13 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STE 3.4 CIT 4.1 TIT 4.2 NA 4.3 STE 4.4 CIT	LE ME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME		Change Change Change	Addition Addition Addition
office of te agent. I ar agent	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and tale if applicable. (I S AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 STF 1.4 CIT 2.2 NA 2.3 STF 3.4 CIT 3.2 NA 4.3 STF 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA	LE ME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME REET ADDRESS (Y-ST-ZIP) LE MME		Change Change Change	Addition Addition Addition
office of reagent. I ar agent.	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and tale if applicable. (I S AND DIRECTORS DELETE DELETE DELETE	NOTE: Begistered 13. 1.1 TT 1.2 NA 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 3.4 CIT 4.1 TT 4.2 NA 4.3 STF 4.4 CIT 5.1 TT 5.2 NAI 5.3 STF	LIE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS MY-ST-ZIP LE MME REET ADDRESS MME REET ADDRESS		Change Change Change	Addition Addition Addition
office of te agent. I ar agent. I ar agent. I ar agent. I ar I ar agent. I ar	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red agent and tale if applicable. (I S AND DIRECTORS DELETE DELETE DELETE	NOTE: Begistered 13. 1.1 TT 1.2 NA 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 3.4 CIT 4.1 TT 4.2 NA 4.3 STF 4.4 CIT 5.1 TT 5.2 NAI 5.3 STF	LIE ME HEET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		Change Change Change	Addition Addition Addition
office of reagent. I ar agent.	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red right and title if applicable. (I S AND DIRECTORS DELETE DELETE DELETE DELETE	NOTE: Registered 13. 1.1 IIT 12 NA 13 SIF 1.4 CIT 2.1 TIT 2.2 NA 2.3 SIF 2.4 CIT 3.1 TIT 3.2 NA 3.3 SIF 3.4 CIT 4.1 TIT 4.2 NA 4.3 SIF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 SIF 5.4 CIT	LIE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		Change Change Change Change	Addition Addition Addition
office of reagent. I ar agent.	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red right and title if applicable. (I S AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF 2.4 CIT 3.1 III 4.2 NA 4.3 SIF 4.4 CIT 5.1 III 5.2 NAI 5.3 SIF 5.4 CIT 6.1 IIII 6.2 NAI	LIE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		Change Change Change Change	Addition Addition Addition
office of reagent. I ar agent. I ar agent. I ar agent. I ar street address city-st-zip title name	egistered agent, or both, in the marriage of the signature, typed or printed name of register OFFICER: D NEWMAN, SANFORD D 23489 BARLAKE DR.	obligations of, Section 607,0505, red right and title if applicable. (I S AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 SIF 1.4 CIT 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TIT 4.2 NA 4.3 SIF 4.4 CIT 5.1 TIT 5.2 NAI 6.3 SIF 6.4 CIT 6.1 TITI 6.2 NAI 6.3 SIF	LIE ME REET ADDRESS IY-ST-ZIP LE ME ME ME ME REET ADDRESS IY-ST-ZIP LE ME		Change Change Change Change	Addition Addition Addition

officer or director of the corporation or the receiver or trustee emponents.

Block 12 or Block 13 if changed, or on an attachment with an address.

4/10/98 561-482-6068