Feb 24, 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 # P9400054134

DOUGLA	as Holdings, Inc.								
Principal Place	e of Business	Mailing Address	~				1 8 8 121 9 9 231 8 8 181	Bitte bidet men.	11714 0 10 7 1 4 6 1
260 CRANDON		260 CRANDON BLVD.							
SUITE 26		SUITE 26				DO NOT I	IDITE IN THE	CDACE	
KEY BISCAYNE	FL 33149	KEY BISCAYNE FL 33149			_		RITE IN THIS	SPACE	
					3.	Date Incorporated or Qualif	ed		
						07/21/1994			-U-J F
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number			plied For
21		26			- j	65-0512037		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	1 15/	Fee Re	
22		City & State				Significant Community Significant Signific	<u> </u>		`
City & Stat	10	} 			6.	 Election Campaign Financis Trust Fund Contribution 		\$5.00 Added to	- 1
23 Zin	Country		Country			This corporation owes the o	veront vogs Int		71003
Zíp	25		30	,		Personal Property Tax.	current year int		□No
24	9. Name and Address of Current		30		10.	Name and Address of Ne	w Registered		
		t registered rigerit	81	Name			<u> </u>		
	RDOBA, MARIA C.		82	Street	Address (F	P.O. Box Number is Not Acce	eptable)	_	
	CRANDON BLVD SUITE 26 BISCAYNE FL 33149								
VEI	DISCATINE PL 33 148		83						
			84	1	-,-		FL	85 Zip C	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or/both, in the State/	2 and 607.1508, Florida Statute of Florida. Such change was at	es, the abov uthorized by	e-named the corpo	corporation oration	on submits this statement for to oard of directors. I hereby ac	the purpose of cept the appoi	ntment as reg	gistered
office or n agent. I a SIGNATURE	egistered agent, or/hoth, in the State of in familiar with, and accept the obligate of the control of the state of the sta	of Florida. Such change was at tions of Section 607.0505. Flor	uthorized by rida Statutes	the corpo s. ?eqと#	A CORD	OSA 6001 //	7/99 DATE	nunent as reg	, , ,
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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 adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

315-361-9800 Davime Phone #