

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90044 039 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000054134

1. Corporation Name
DOUGLAS HOLDINGS, INC.



Principal Place of Business 260 CRANDON BLVD. SUITE 26 KEY BISCAIYNE FL 33149	Mailing Address 260 CRANDON BLVD. SUITE 26 KEY BISCAIYNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/21/1994	
4. FEI Number 65-0512037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORDOBA, MARIA C.
260 CRANDON BLVD SUITE 26
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

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 *Maria Cecilia Cordoba Good* **MARIA CECILIA CORDOBA GOOD** **1/7/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORDOBA, ALFONSO	
STREET ADDRESS	260 CRANDON BLVD., #26	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOOD, MARIA C	
STREET ADDRESS	260 CRANDON BLVD., #26	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GOOD, SIDNEY S	
STREET ADDRESS	260 CRANDON BLVD SUITE 26	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CORDOBA, VIRGINIA	
STREET ADDRESS	260 CRANDON BLVD SUITE 26	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CORDOBA, CECILIA	
STREET ADDRESS	260 CRANDON BLVD SUITE 26	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V. P., SECRETARY	<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: *Maria Cecilia Cordoba Good* **MARIA CECILIA CORDOBA GOOD** **1/7/99** **365-361-9800**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)