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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P95000016659 (1)**
1. Corporation Name
DOUGLASS CAPITAL CONNECTIONS, INC.

Principal Place of Business: **888 EXECUTIVE CENTER DR. WEST SUITE 100 ST. PETERSBURG FL 33702**

Mailing Address: **888 EXECUTIVE CENTER DR. WEST SUITE 100 ST. PETERSBURG FL 33702**

2. Principal Place of Business: **21 13555 Automobile Blvd Suite, Apt. #, etc 22 Suite 100 City & State 23 Clearwater FL Zip 24 34622 Country 25 Pinellas**

2a. Mailing Address: **26 13555 Automobile Blvd Suite, Apt. #, etc. 27 Suite 100 City & State 28 Clearwater FL Zip 29 34622 Country 30 Pinellas**

3. Date Incorporated or Qualified: **02/27/1995**

3a. Date of Last Report: [Blank]

4. FEI Number: **59-3300446** Applied For: [Blank] Not Applicable: [Blank]

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DOUGLASS, DANIEL D 888 EXECUTIVE CENTER DR. WEST SUITE 100 ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent: **81 Name Daniel D. Douglass 82 Street Address (P.O. Box Number is Not Acceptable) 13555 Automobile Blvd, Suite 100 83 City Clearwater FL 84 City FL 85 Zip Code 34622**

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] (NOTE: Registered Agent Signature Required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Daniel D. Douglass
STREET ADDRESS		1.3 STREET ADDRESS	888 Executive Center Dr. W. #100
CITY - ST - ZIP		1.4 CITY - ST - ZIP	St. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	400001882644
STREET ADDRESS		3.3 STREET ADDRESS	-07/03/96--01017-001
CITY - ST - ZIP		3.4 CITY - ST - ZIP	***233.75 ***233.75
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000001873750
STREET ADDRESS		5.3 STREET ADDRESS	-07/27/95--01018-996
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***233.45
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 or changed upon an attachment with an address.

SIGNATURE: [Signature] **DANIEL D. DOUGLASS** **6/20/96** **8135731445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)