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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004397			
1. Corporation Name DOUMET INTERNATIONAL, INC.			
Principal Place of Business 3000 GULF TO BAY BLVD SUITE 305 CLEARWATER FL 33759		Mailing Address 3000 GULF TO BAY BLVD SUITE 305 CLEARWATER FL 33759	
2. Principal Place of Business 21 3000 GULF TO BAY BLVD Suite, Apt. #, etc.: 22 309 City & State 23 Clearwater, FL Zip Country 24 33759 25 USA		2a. Mailing Address 26 3000 GULF TO BAY BLVD Suite, Apt. #, etc.: 27 309 City & State 28 Clearwater, FL Zip Country 29 33759 30 USA	
9. Name and Address of Current Registered Agent DOUMET, MUNIR 3000 GULF TO BAY BLVD. SUITE 305 CLEARWATER FL 33759-3654		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 TITLE VS NAME DOUMET, MUNIR STREET ADDRESS 3000 GULF TO BAY BLVD. SUITE 305 CITY-ST-ZIP CLEARWATER FL 33759 [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VS 1.2 NAME DOUMET, MUNIR 1.3 STREET ADDRESS 3000 GULF TO BAY BLVD. SUITE 305 1.4 CITY-ST-ZIP CLEARWATER, FL 33759 [ ] Change [X] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/99 777-712-8766  
Date Daytime Phone #

CR2E034 (1/1/98)