


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90071 001 ***150.00

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

DOCUMENT # P97000066460

1. Corporation Name
DOUGLAS COLLINS, INC.

Principal Place of Business 6367 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 US	Mailing Address 2777 WOODSTREAM CIRCLE KISSIMMEE FL 34743
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6367 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 US		2a. Mailing Address 26 PO Box 86172 Montgomery Village MD 20886 USA		3. Date Incorporated or Qualified 07/28/1997
22 Suite, Apt. #, etc. PO Box 86172		27 City & State MD		4. FEI Number 59-3461174
23 Zip MD 20886		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		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 BLOW, COLIN D 2777 WOODSTREAM CIRCLE KISSIMMEE FL 34743		10. Name and Address of New Registered Agent 81 Name ROBERT F. ROTHFELD 82 Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH CENTRAL AVENUE 83 84 City KISSIMMEE FL 85 Zip Code 34741	
---	--	---	--

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 **ROBERT F. ROTHFELD** DATE **3/16/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE BLOW, COLIN D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOW, COLIN D		1.2 NAME PO Box 86172	
STREET ADDRESS 2777 WOODSTREAM CIRCLE		1.3 STREET ADDRESS MONTGOMERY VILLAGE, MD 20886	
CITY-ST-ZIP KISSIMMEE FL 34743		1.4 CITY-ST-ZIP	
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	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLIN D. BLOW **3/16/99** **301-527-6938**
Date Daytime Phone #

CR2E034 (11/98)