

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 011 ***550.00

DOCUMENT # **P98000042077**

Corporation Name

DOUGLAS M ENTERPRISES, INC.

Principal Place of Business

**BRICKELL AVE
STE 1112
MI FL 33131**

Mailing Address

**777 BRICKELL AVE
SUITE 1112
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

Principal Place of Business

208 COSTANERA ROAD
Suite, Apt. #, etc.

2a. Mailing Address

208 COSTANERA ROAD
Suite, Apt. #, etc.

4. FEI Number

468-64-3274

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

9. Name and Address of Current Registered Agent

**MILLER, DOUGLAS A
777 BRICKELL AVE
SUITE 1112
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

MILLER, DOUGLAS A.

82 Street Address (P.O. Box Number is Not Acceptable)

208 COSTANERA ROAD

83

84 City

CORAL GABLES

FL

85 Zip Code

33143

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 **Douglas A. Miller**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/99

DATE

OFFICERS AND DIRECTORS

1	D	<input type="checkbox"/> DELETE
2	MILLER, DOUGLAS A	
3	777 BRICKELL AVE STE 1112	
4	MIAMI FL 33131	
5		<input type="checkbox"/> DELETE
6		
7		<input type="checkbox"/> DELETE
8		
9		<input type="checkbox"/> DELETE
10		
11		<input type="checkbox"/> DELETE
12		
13		<input type="checkbox"/> DELETE
14		
15		<input type="checkbox"/> DELETE
16		
17		<input type="checkbox"/> DELETE
18		
19		<input type="checkbox"/> DELETE
20		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLER, DOUGLAS A.
1.3 STREET ADDRESS	208 COSTANERA ROAD
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
2.1 TITLE	<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	

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.

SIGNATURE:

Douglas A. Miller

8/31/99

305-662-3889

CR2E034 (5/99)