

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S78530** (0)

1. Corporation Name
DAOUD MANAGEMENT, INC.

Principal Place of Business 5303 MACBETH CT. TAMPA FL 33624	Mailing Address 5303 MACBETH CT. TAMPA FL 33624-4122
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3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. 339 U.S. Hwy. 27 S. Suite, Apt. #, etc 22. City & State 23. Dundee, Florida Zip 24. 33838 Country 25. USA	2a. Mailing Address 26. P.O. Box 730 Suite, Apt. #, etc 27. Mid City Station City & State 28. Dayton, Ohio Zip 29. 45402 Country 30. USA
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4. FEI Number 59-3089248	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAOUD, RAYMOND
5303 MACBETH CT
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	2206 Andre Drive
83.	
84. City	Lutz
85. Zip Code	FL 33549-5772

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSIL, GEORGE	1.2 NAME	George J. Daoud
STREET ADDRESS	5303 MACBETH CT	1.3 STREET ADDRESS	118 W. First Street Suite 500
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Dayton, Ohio 45402
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAOUD, RAYMOND	2.2 NAME	Ralph B. Stoner
STREET ADDRESS	5303 MACBETH CT	2.3 STREET ADDRESS	110 W. First Street, Suite 500
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Dayton, Ohio 45402
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 do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0386484

CR2E034 (9/96)