Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90050 027 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S78530**

1. Corporation Name

Principal Place of Business

DAOUD MANAGEMENT, INC.

339 US HWY 27 SO DUNDEE FL 33838 US		P.O. BOX 730 MID CITY STATION DAYTON OH 45402 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/09/1991				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			<del></del>	pplied For
Suite, Apt. #, etc.		Suite Ant # etc	26 Suite, Apt. #, etc.			59-3089248				ot Applicable Additional
22		27	<u> </u>			5. Certificate of Status Desired  Fee Required				
City & State		City & State	¬ ´			6. Election Campaig		3		May Be to Fees
23	Country	Zip	Coun	'nv		Trust Fund Contr		t waar Inta		10 1005
Zip <b>24</b> .	25	— ·	30			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current					10. Name and Address of New Registered Agent				
	1	1 Nam	ne	_						
	UD, RAYMOND		82 Street Add			ss (P.O. Box Number i	is Not Acceptable	e)		
	ANDRE DRIVE	•								
LUTZ	? FL 33549		[8	13						
			-	4 City					85 Zip	Code
			- 1	1				<u> </u>		
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 arm 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	13.			ADDITIONS/CHA	NGES TO OFFI	CERS AND		
TITLE	PD	☐ DELETE	1,1 1111	=	ST				Change	X Addition
NAME	DAOUD, GEORGE J		1.2 NAM	E		Garry Warr				:
STREET ADDRESS	118 W FIRST STREET, #500		1.3 STR	ET ADDRES	ss .	118 W. Fir	st St.,	#50	0	
CITY-ST-ZIP	DAYTON OH		1.4 CITY	-ST-ZIP	1	<u>Dayotn, Oh</u>	io 4540	2		
TITLE	ST	<b>□</b> X DELETE	2.1 TITL	•					☐ Change	Addition
NAME	STONER, RALPH B		2.2 NAM	E						
STREET ADDRESS	110 W FIRST STREET, #500		2.3 STR	EET ADDRES	ss					
CITY-ST-ZIP	DAYTON OH			-ST-ZIP		· · · · ·			·	
TITLE	DELETE 3.1		3.1 TITL		ŀ				Change	☐ Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STR	EET ADDRES	SS					
CITY-ST-ZIP			~~~~~	-ST-ZIP				_	☐ Change	Addition
TITLE .		☐ DELETE	4,1 TITL						спапде	
NAME			4. 2 NA							
STREET ADDRESS	·			ET ADDRES	SS					
CITY-ST-ZIP			4.4 CITY 5.1 TITL	-ST-ZIP	+-	- "	<del> </del>		Change	Addition
TITLE			5.1 IIIL		İ				was criange	
NAME				EET ADDRES	SS					
STREET ADDRESS				-ST-ZIP						
CITY-ST-ZIP TITLE	<u></u>	☐ DELETE	6.1 TITL		+-				Change	☐ Addition
NAME			6.2 NAM						_ •	
	\$1.87%S		6.3 STR	EET ADDRES	ss					l
CITY-ST-ZIP	State Care			-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.										
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SIGNATURE: