Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90056 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 						
DOUGLA	is enterprises, inc.					
		. 11 -			•	
Principal Place	of Business	Mailing Address				-
5731 NW 54TH		5731 NW 54TH WAY				
TAMARAC FL 33319 US		TAMARAC FL 33319 US				DO NOT WRITE IN THIS SPACE
03		00				3. Date Incorporated or Qualifed
	•					01/30/1968
2. Principal Pl	ace of Business	2a. Mailing Addres	s		•	4. FEI Number Applied For
21		26				59-1202740 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	<u> </u>	City & State	·			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
DOUGLAS DAVID C				Ш		
	N.W. 54 WAY			82 Street Add		ess (P.O. Box Number is Not Acceptable)
FOR	T LAUDERDALE FL 33319			83		
				84	City	85 Zip Code
•					•	FL '
office or readent. I as	to the provisions of sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change tions of, Section 607.05	was authorized 05, Florida Stat	by 1 utes.	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agei			i Ageni	t signature required	d when reinstating) DATE
12.		ID DIRECTORS	13. ETE 1.1 TI	m c		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	DST DOUGLAS LOSEDHIME	□ DET	1.1 to			and the second s
NAME	DOUGLAS, JOSEPHINE 5731 NW 54TH WAY				ADORESS	
STREET ADDRESS	TAMARAC FL			ITY-ST		
CITY-ST-ZIP TITLE	PD	☐ DEL			1-21	☐ Change ☐ Addition
NAME	DOUGLAS, DAVID C		2.2 N	AME		
STREET ADDRESS	5731 NW 54TH WAY		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	TAMARAC FL		2.40	ITY-S	T-ZIP	
TILE		DEL	ETE 3.1 π	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS	•				ADORESS	
CITY-ST-ZIP				TTY-S	IT-ZIP	☐ Change ☐ Addition
TITLE	•	☐ DEL				
NAME				AME TOCKT	ADDRESS	
STREET ADDRESS				IKEE I ITY-\$1		
CITY-ST-ZIP		☐ DEL			1-ZIF	☐ Change ☐ Addition
NAMÉ			5.2 N			
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	· · · · · ·		5.4 C	ITY-ST	T-ZIP	
TITLE		☐ DEL	ETE 6.1 T	TLE	1	☐ Change ☐ Addition
NAME			6.2 N	AME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP