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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 679227

(9)

DOUBLE U.S. INC.

Principal Place of Business

Mailing Address

180 COCOANUT ROW PALM BCH: FL 33480 180 COCOANUT ROW PALM BCH. FL 33480-4121

FILED May 08 1997 8:00am Secretary of State



	•							
					3. Date Incorporated or Qualified 07/21/1980		le of Last Report 11/1996	
	ace of Business	2a. Mailing Address	a/	N /	4. FEI Number		Ar	oplied For
21 236	Bradley Yace	26 236 Blog	dley	Place	59-2014750		No	t Applicable
Suite, Apt. :		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	Reach FL	City & State 28 Palm Bea	ch	F4	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24 334	80 25 USA	, 151	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Age	nt	
GILD	DAN, LAURIE L		81	Name				
777 S. FLAGLER DRIVE SUITE 310 EAST WEST PALM BEACH FL 33401				82 Street Address (P.O. Box Number is Not Accoptable)				
,,,,,			84	City		FL	35 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on maintenance of the obligation of the oblig	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized b da Statute	y the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	of the appoint	anging it iment as	s registered registered
12,	Signature, typed or printed name of registered agen OFFICERS AND		Hegislered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	PECTOE	S IN 12
TITLE	PST OFFICERS AND	DELETE	1,1 10 LE	Т	ADDITIONS/OFFAIGLS TO OFFIC		Change	Addition
NAME	SHENKMAN, WILLIAM JAY		1.2 NAME				Ununge	E. HOUNTON
STREET ADDRESS	OLD BRIDGE HOUST, ST. PETE	RS		1 ADDRESS				
CITY-ST-ZIP	NMARLAU BU		1.4 CITY-					
TITLE		DELETE	2 1 111LE				Change	Addition
NAME			22 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			·	
TITLE		L_J DELETE	3.1 TITLE	-	·		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	3.4, CHY- 4.1 TITLE	\$1-7IP			Change	Addition
TITLE		Otten	4.1 TILE.				Change	
NAME Street address				T ADDRESS				
CITY-ST-ZIP			4.3 STREE					
TITLE		DELETE	5.1 TITLE	01 211			Change	Addition
NAME		- 	5.2 NAME	1			~	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	!				
TITLE		☐ DELĒTĒ	6.1 NITUE				Change	Addition
NAME			6.2 NAME)				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 DITY-					
Information	n indicated on this annual report or su	ipplemental annual report is tru- the receiver or trustee empower	e and acc red to exe	urate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as if r	made uni	der oath; tha

OF CHEWITZE, V