

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 FEB -2 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 681056 (8)
1. Corporation Name
DOUBLE D, INC



Principal Place of Business Mailing Address
1680 N.E. 135TH STREET #200W
NORTH MIAMI FL 33181
1680 N.E. 135TH STREET #200W
NORTH MIAMI FL 33181
P.O. Box 610488
No. Miami, FL 33261-0488

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
08/01/1980 04/27/1995
4. FEI Number Applied For
59-2025230 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

g. Name and Address of Current Registered Agent

GREENFIELD, BARBARA
1680 N.E. 135TH ST.
#200 W
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 the corporation

(NOTE: Registered Agent Signature not required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE P
2. NAME GREENFIELD, BARBARA
3. STREET ADDRESS 1680 NE 135TH ST
4. CITY-STATE-ZIP N MIAMI, FL 00000
5. TITLE S
6. NAME GREENFIELD, LEO
7. STREET ADDRESS 1680 NE 135TH ST
8. CITY-STATE-ZIP N MIAMI, FL 00000
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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***208.75

PC
2/21/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barbara Greenfield* BARBARA GREENFIELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
DATE

305-898-9270
Daytime Phone #

CR2E034 (12/95)