

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 686558 (8)

1. Corporation Name
DOUBLE S, INC.



Principal Place of Business
13502 SW 144TH PKWY
OKEECHOBEE FL 34974-5830

Mailing Address
13502 SW 144TH PKWY
OKEECHOBEE FL 34974-5830

3. Date Incorporated or Qualified 09/04/1980	3a. Date of Last Report 03/03/1995
4. FEI Number 59-2041116	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

**SPRINGER, RICHARD W
3003 SOUTH CONGRESS AVENUE
SUITE 1A
PALM SPRINGS FL**

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

11. Pursuant to the provisions of Sections 607.007 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 Sections 607.007, 607.1508, Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	[] DELETED	13. NAME	[] Change [] Addition
12. STREET ADDRESS		13. STREET ADDRESS	
12. CITY, ST, ZIP		13. CITY, ST, ZIP	[] Change [] Addition
12. NAME	[] DELETED	13. NAME	[] Change [] Addition
12. STREET ADDRESS		13. STREET ADDRESS	
12. CITY, ST, ZIP		13. CITY, ST, ZIP	[] Change [] Addition
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12. STREET ADDRESS		13. STREET ADDRESS	
12. CITY, ST, ZIP		13. CITY, ST, ZIP	[] Change [] Addition
12. NAME	[] DELETED	13. NAME	[] Change [] Addition
12. STREET ADDRESS		13. STREET ADDRESS	
12. CITY, ST, ZIP		13. CITY, ST, ZIP	[] Change [] Addition

14. I hereby certify that the information supplied in this filing is voluntary, 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 registrar or trustee or powers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE: *Sally M. Butler V/P* 2/26/96 941-763-0006
SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)