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

DOCUMENT # J46764

(3)

DOUBLE P. ENTERPRISES, INC.

APPROVED AND

1997 JUN 20 PM 2: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



							al Biri Biri 1		#(#)	
Principal Place of Business Mailing Address						I THE INTER BUIL BRAIN BUTHI COURS BUILL B	184 BIBAL BIBAL 80830		ALDER PART	
751 PARKSIDE BOCA RATON	CIRCLE. NORTH FL 33486		751 PARKSIDE CIRCLE. NORTH BOCA RATON FL 33486-5236							
-						3. Date Incorporated or Qualifie 12/09/1986	d 3a. Date 11/25/		leport	
2. Principal F	Place of Business	2a. Mailing /	Address			4. FEI Number		Ar	pplied For	
21		26				59-2777537	59-2777537 Not Applicable			
Sulte, Apt.	#, etc.	<u></u> ⊢ ·	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional	
22 City P. Ctor	7'	27						Fee Re	equired	
City & Stat	ie	ļ `	City & State			6. Election Campaign Financing \$5.00 May Be				
Zip	Country		Zip Country			Trust Fund Contribution				
24				30			8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes			
		e and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ARD	AMSON, JOSEPH			81	Name	10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	iogistorea rigi	-		
	PARKSIDE CIRCLE, NORTH				82 Street Address (P.O. Box Number is Not Acceptable)					
	A RATON FL 33486	l			Street	Address (P.O. Box Number is Not Acceptable)				
500	THE COTO			83						
		1								
				84	City		FL ^l	85 Zip (Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, F	lorida Statute	s, the abov	e-named	corporation submits this statement for th		anging it	ts registered	
office or a	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such of Specifications of Specifications	change was al 607 0505 Flor	uthorized by	the corp	corporation submits this statement for the poration's board of directors. I hereby accoration's	ept the appoin	tment as	registered	
SIGNATURE		obligations on oppnion	001.10000,110	noo otatolo						
SIGNATORE	Signature, typed or printed name of registe	red agont and tille if applicable.	(NOTE	Registered Age	int signature	required when reinstating)	DATE			
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF				
TITLE	DP	X	X DELETE	1.1 TITLE		DP, VP, SEC, TREAS	XX	Change	Addition	
NAME	ABRAMSON, JOSEPH			1.2 NAME		Pamela Abramson	_			
STREET ADDRESS	751 PARKSIDE CIRCLE, N			1.3 STREET	ADDRESS	751 Parkside Circ		th		
CITY-ST-ZIP	BOCA RATON FL		-	1.4 CITY - 5	T-7IP	Boca Raton, FL 33				
TITLE		L] DELETE	2.1 TITLE		\$***** \$*** \$*** \$*** \$*** \$***	3315	Change	Addition	
NAME				2.2 NAME		000002 -06/24	797010		വസ	
STREET ADDRESS				2.3 STREET		ም መመመው መመመው መመመው መመመው መመመው መመመው መመመው መመ	50.00 *	anaran⊈(ioti (20.00	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		7 651525	2.4 CITY-	ST-ZIP	क्या क				
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NAME				3.2 NAME						
STREET ADORESS				3 3 STREET						
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NAME				4 2 NAME						
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CITY-ST-ZIP			1 porete	4.4 CITY - S	T-ZIP					
TITLE		L	DELETE	5.1 TITLE			LJ	Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET						
CITY-ST-ZIP			Directo	5.4 CITY - S	T - ZIP			Charre	A	
TITLE		L	DELETE	6.1 TITLE			Ц	Change		
NAME				6.2 NAME				H	470H	
STREET ADDRESS				6.3 STREET				ĩ	מןישי,	
CITY-ST-7/P				6 A CITY - S	1 - 7IP	İ		•	-	

14. I do 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 eath; 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 atjachment with an address.

6/18/97

561/3/7-7900