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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

M08813

(1)

DOUBLE J DIVERSIFIED ENTERPRISES, INC.

Principal Place of Business Mailing Address

4319 N.W. 90TH TERR.
CORAL SPRINGS FL 33065

CORAL SPRINGS FL 33065



Principal Place of	of Business	iling Address					2.2 6		
4319 N.W. 90TH TERR. CORAL SPRINGS FL 33065			4319 N.W. 90TH TERR. CORAL SPRINGS FL 33065						
						3. Date incorporated or Qualified 3a. Date of Last Report 08/02/1995			
2. Principal Plac	ce of Business	2a.	Mailir g Address			4, FEI Number		✓	Applied For
1		26	<u></u>			59-2759703		607	Not Applicable
Suite, Apt. #,	, <b>e</b> '.c.	27	Suite Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State			City & State			6. Election Campaign Financing		\$5.0	00 May Be
3		28				Trust Fund Contribution			ed to Fees
Ζφ 51	Country	F1	Zφ	Country	·	This corporation has liability for Elorida Statutes		under s	s 199.032,
4	25 9. Name and Address of Curre	29 nt Regist	tered Agent	30	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F		gent	
				81	Name				
REMBERT, BARTON T.					Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		
RT 6 BOX 478				82	0.00170		· 		· · · · · · ·
CND10	E KEY FL 33042			83					
				84	City		Ci	85 2	Zip Code
				, <u>.</u>	l	oration submits this statement for the pur	<u> </u>	<u> </u>	
	OFFICERS AN	AD DIME O	DEVETE	13.		ADDITIONS/CHANGES TO OFF	<u></u>	Change	
TITLE							<u></u>		
NAME	PAK, SE H.			1.2 NAME					
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CITY-ST-ZIP TITLE	CORAL SPRINGS FL VS		[] DELETE	140-11- 2 1 Ti <sup>2</sup> LE	S1 - Z:P	<u> </u>		Change	Addition
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NAME				3 2 NAME					
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CITY-ST-ZIF				6 4 CITY					
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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 cart, that I am an officer or director of the Lorporation. 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, changed, or governational made and address.

**SIGNATURE:** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

954)346-0530