


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N46084** (2)

1. Corporation Name

DOUBLE VISION INC.

Principal Place of Business

Mailing Address

**260 NW 38 WAY
FT. LAUDERDALE FL 33311**

**260 NW 38 WAY
FT. LAUDERDALE FL 33311**



3. Date Incorporated or Qualified

11/19/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEGROS, CLAUDE
16100 N.E. 9TH CT
NORTH MIAMI BEACH FL 33162**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LEOPOLD, ANN PAULA**
STREET ADDRESS **8634 SHERATON DRIVE**
CITY-ST-ZIP **MIRAMAR FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **LEOPOLD, ANNE-PAULA**
STREET ADDRESS **8634 SHERATON DR**
CITY-ST-ZIP **MIRAMAR FL 33028**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **BISSANTHE, MORILE**
STREET ADDRESS **810 NE 156 TERRACE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GUY, CHARLES**
STREET ADDRESS **14520 NW 5TH AVE**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DENIS, JEAN-FRANTZ**
STREET ADDRESS **260 NW 5TH TER**
CITY-ST-ZIP **POMPANO BEACH FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Yamiley Nelson**
5.3 STREET ADDRESS **6100 NW 18 Pl**
5.4 CITY-ST-ZIP **Sunrise, FL 33313 (D)**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Kevin McBride**
6.3 STREET ADDRESS **260 NW 38 Way**
6.4 CITY-ST-ZIP **Fort. Lauderdale FL 33311 (D)**

14. I 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **A. P. Leopold** **D** **Anne Paula Leopold** **D** **4-28-98** **(954) 717-1610**

CR2037 (10/97)