FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050820 (8)

DOUBLE T FINANCIAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

FILED May 18 1998 8:00am Secretary of State



CORAL SPRINGS FL 33065		10100 WEST SAMPLE ROAD CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1993	
2. Principal Place of Business		2a, Mailing Address	. 1===:	4. FEI Number	Applied For
	eksity dr.	26 3300 UN	iversity dr	65-0421644	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 COPAL SI	PRINGS, FL	City & State 28 CORNL SPR		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33065 2	Country	29 3306S	Country 30 US A	8. This corporation owes or has paid the	
	and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	S OF ANDREW B. BLA		B1 Name	100 1 100	AA .1
7900 GLADES			62 Street Addre	ss (P.O. Box Number is Not Acceptable)	NAN
SUITE 445			96	O SAMPLE RD.	#205
BOCA RATOR	1 FL 33434		83		
			84 City	and the E	85 Zip Code
11. Pursuant to the provisio	ns of Section 607.0502	and 607.1508, Florida Statute	es, the above-named corpo	ration submits this statement for the nurnose	of changing its registered
	, and accept the obligation	is of ection 607.0505, Flo	rida Statutes.	on's board of directors. I hereby accept the a	.ppointment as registered
SIGNATURE Signature types of	proted lag of registrat agest	How	MY-LA	an 4/3	29/98
12.	OFFICERS AND I		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTORS IN 12
TITLE D		☐ DELETE	1.1 TITLE	ADDITIONO/OTIANGES TO OTT GENS A	Change Addition
NAME MORRIS	SON, JON J		1.2 NAME		<u> </u>
STREET ADDRESS 10100 W. SAMPLE ROAD			1 3 STREET ADDRESS		•
CITY-ST-ZIP CORAL	SPRINGS FL 33065		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 1010		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	·····	<u></u>	2. 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 TATLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP		
TITLE		☐ DĒLĒTE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Desert	4.4 CITY-ST-ZIP		
TITLE		L DELETE	51 TITLE		Change Addition
NAME ATTICET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title		Change 144241
NAME		CT ACCELE			L Change L Addition
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
CITY-ST-ZIP	information supplied with	this filing does not muslify for	6.4 CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated on this annual officer or director of the Block 12 or Block 13 if	report or supplemental a portation or the receive	nnual report is true and accurate or trustee empowered to ement with an address.	rate and that my signature xecule this report as require	shall have the same legal effect as if made ed by Chapter 607, Florida Statutes; and the	under oath; that I am an at my name appears in