

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000018457 (9)**

1. Corporation Name

DOUBLE R BUILDING CORP.

Principal Place of Business

**1510 S.W. 149 AVE.
PEMBROKE PINES FL 33027**

Mailing Address

**1510 S.W. 149 AVE.
PEMBROKE PINES FL 33027**



2. Principal Place of Business

21 9050 Pines Blvd

Suite, Apt. #, etc.

22 250

City & State

23 PEMBROKE PINES, FL

Zip

24 33024

Country

25 BROWARD

2a. Mailing Address

26 9050 Pines Blvd

Suite, Apt. #, etc.

27 250

City & State

28 PEMBROKE PINES, FL

Zip

29 33024

Country

30 BROWARD

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

05/01/1995

4. FLE Number

65-0473827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
RISSMAN, RAINEY S
1510 S.W. 149 AVE.
PEMBROKE PINES FL 33027**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplementary 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

(954) 438-4333

CR2E034 (12/95)