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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000036495 (7)

**DOCUMENT #** 

DOUBLE HEAT ENTERTAINMENT CORPORATION

				····				
Principal Place of Business Maling Address								
10091 SW DAVIE FL 3 US	P.O. BOX 19716 PLANTATION FL 3X US	. BOX 19716 INTATION FL 33318-9716						
<b>U</b> 3		00			3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last F 04/19/		
		2a. Mailing Address	Mailing Address		OF 0400000		Applied For	
21		26			7.53.7.45		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· N		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution				
Zip 24	Country 25	Zijo 29	Gountry 30		8. This corporation has liability for Florida Statutes		199.032,	
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name				
WURMS, JERALD M 10091 SW 16TH COURT DAVIE FL 33324-7406			82	82 Street Address (P.O. Box Number is Not Acceptable)  83				
			83					
SAME IS SOULT TO						Tarl 9	Zo Codo	
				City	FL 85 Zip Code			
familiar wit	h, and accept the obligations of, Sec	tion 602.0505, Florida Statute	S. OTE Begittered Age		oration submits this statement for the purard of directors. Thereby accept the approximation is a statement of the submit of the	CIATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TOTLE	PTD MICHE ICOALD M	☐ DELFTE	1 1 THEF 12 NAME			☐ Change	Addition	
NAME	ADDRESS C/O 10091 SW 16TH COURT							
STREET ADDRESS				LADORESS				
CITY-ST-ZIP TITLE	VSD	[7] DELETE	1.4 CHY 2.1 THUE	SI - ZIF		Ghange	Addition	
NAME	WURMS, LINDA S				80000180789 <sup>99 - Addition</sup> -05/06/9601007012			
STREET ADDRESS	C/O 10091 SW 16TH COURT DAVIE FL 33324-7406		2.2 NAME 2.3 STREE	I ADDRESS	***200.00			
CITY-ST ZIP			2.4 CITY-		*** <u>\COOOU</u>			
TITLE		DECETE	3 1 THTLE			☐ Change	- Addition	
NAME			3.2 NAME			^		
STREET ADDRESS			3.3 STRE	ET ADDRESS	/	<b>(</b> )\		
CITY-ST-ZIF			3 4 CiTy -	ST-ZIP		<i>y </i>		
TITLE		☐ DELETE	4 1 TITLE		60 <sup>4</sup>	ab T Change	Addition	
NAME			4.2 NAME	1	10 x 11	37, <u>)</u>		
STREET ADDRESS				T ADDRESS	W. J. W.			
CITY-ST-ZIP			4.4 CIFY-		12. MB, 1X	Change	e	
TITLE		☐ DELETE	5 1 TITLE		APPROVE	Unange		
NAME	I		5.2 NAME		\ //			

14. Ido 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 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 Elock 12 or Block 13 if changed, or on an attachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - S\* - 7:P

5.4 CHY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE!

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

DELE TE

Criange Addition

CR2E034 (12/95)