

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

FILED

Apr 29 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036495 (7)

1. Corporation Name

DOUBLE HEAT ENTERTAINMENT CORPORATION

Principal Place of Business

10091 SW 18TH COURT
DAVIE FL 33324-7406
US

Mailing Address

P.O. BOX 19716
PLANTATION FL 33316-0716
US3. Date Incorporated or Qualified
05/11/19943a. Date of Last Report
05/01/19964. FEI Number
65-0490606Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No2. Principal Place of Business
21 10160 Festival Way

2a. Mailing Address

26 - same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

24 33428

Country

25 Broward

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WURMS, JERALD M
10091 SW 18TH COURT
DAVIE FL 33324-7406

10. Name and Address of New Registered Agent

81 Name

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

83 10160 Festival Way

84 City

Boca Raton

FL

85 Zip Code

33428

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. - Address change only

SIGNATURE: *Jerald M. Wurms*

(NOTE: Registered Agent signature required when reinstalling)

DATE

JERALD M. WURMS

04/22/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME WURMS, JERALD M
STREET ADDRESS C/O 10091 SW 18TH COURT
CITY-ST-ZIP DAVIE FL 33324-7406TITLE VSD ☐ DELETE
NAME WURMS, LINDA S
STREET ADDRESS C/O 10091 SW 18TH COURT
CITY-ST-ZIP DAVIE FL 33324-7406TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME WURMS, JERALD M.
1.3 STREET ADDRESS C/O 10160 Festival Way
1.4 CITY-ST-ZIP Boca Raton, FL 334282.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME WURMS, LINDA S
2.3 STREET ADDRESS C/O 10160 Festival Way
2.4 CITY-ST-ZIP Boca Raton, FL 334283.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerald M. Wurms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/97 (954)451-8983

Date

Daytime Phone #

CR2E034 (9/96)