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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000043827 (2)

1. Corporation Name

DOUBLE RM CORPORATION



Principal Place of Business

4917 SHERIDAN ST  
MIRAMAR FL 33025  
US

Mailing Address

4917 SHERIDAN ST  
MIRAMAR FL 33025  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

65-0495057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 4917 Sheridan St.

Suite, Apt. #, etc.

22

City & State

23 Hollywood, FL

Zip

24 33021

Country

25 Broward

2a. Mailing Address

26 4917 Sheridan St.

Suite, Apt. #, etc.

27

City & State

28 Hollywood, FL

Zip

29 33021

Country

30 Broward

9. Name and Address of Current Registered Agent

KAMMERMAN, ROY  
9919 MIRAMAR PARKWAY  
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME KAMMERMAN, ROY  
STREET ADDRESS 2556 JARDIN DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ST ☒ DELETE

NAME KAMMERMAN, ROBERTA  
STREET ADDRESS 2556 JARDIN DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DP ☒ DELETE

NAME KAMMERMAN, BRUCE J.  
STREET ADDRESS 204 BROWN FIDD CT  
CITY-ST-ZIP CARY NC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Kammerman, Bruce J.  
1.3 STREET ADDRESS 204 Brown Fidd CT  
1.4 CITY-ST-ZIP Cary, NC 27511

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Kammerman, Roberta  
2.3 STREET ADDRESS 2556 Jardin Dr  
2.4 CITY-ST-ZIP Weston, FL 33327

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 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 Roberta Kammerman, Roberta Kammerman 05/13/98 05/13/98

CR2E034 (10/97)