FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 3:18

DOCUMENT # **P94000073523 (0)**

1. Corporation Name

THREE D'S ENTERPRISE INC.

Principal Place of Business	Mailing Address
2680 TRINIDAD CIRCLE MELBOURNE FL 32934	2680 TRINIDAD CIRCLE MELBOURNE FL 32934

3. Date Incorporated or Qualified: **10/03/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 9374 Boca River Circle	26 9374 Boca River Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Fl.	City & State 28 Boca Raton, Fl.
Zip 24 33434 Country 25	Zip 29 33434 Country 30

4. FEI Number: **59-3276306** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEBENEDETTO, NICK JR
2680 TRINIDAD CIRCLE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Nick DeBenedetto Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 9374 Boca River Circle
83
84 City: Boca Raton FL 85 Zip Code: 33434

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) (Florida Registered Agent's Signature, required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DEBENEDETTO, NICK JR		12 NAME	DeBenedetto, Nick Jr	
STREET ADDRESS	2680 TRINIDADE CIRCLE		13 STREET ADDRESS	9374 Boca River Cir.	
CITY-ST-ZIP	MELBOURNE FL 32934		14 CITY-ST-ZIP	Boca Raton, Fl 33434	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DEBENEDETTO, NICK SR		22 NAME		
STREET ADDRESS	2802 SW MARIPOSA CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DEBENEDETTO, DONATO		32 NAME		
STREET ADDRESS	2323 ELM DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	OAKDALE PA 15071		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

900001821509
-05/15/96--01006--019
****225.00 ****225.00

CR2E034 (12/95)

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 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: Nick DeBenedetto Jr. 05-07-96 (407)483-0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number