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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 26 1997 8:00am

Secretary of State

(96/6)

2-19-97 561-793-8187

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088936 (7)

FLORIDA DOUBLE C ENTERPRISES, INC.

appears in Block 12 or Blog 13 ill changed or on an atta

SIGNATURE:

Principal Place of Business Mailing Address 3515 D ROAD 3515 D ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470-4644 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1994 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0562995 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žio Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALUSTRI, DAVID C 3515 D ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE FL 33470 83 84 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signor is entypodios protectivance of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE SALUSTRI, DAVID C NAME 1.2 NAME 3515 D ROAD STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY ST-ZIP 1.4 CITY - ST- Z)P DELETE Change Addition TOLE 2.1 TITLE SALUSTRI, CATHERINE M NAME 2.2 NAME 3515 D ROAD STREET ADDRESS 2.3 STREET ADDRESS **LOXAHATCHEE FL 33470** CITY-\$1-2IP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-ZIP DELETE Change 4.1 TITLE ___ Addition 11114 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS COTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TELL 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COTY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-70 64 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 oriector of the corporation or the receiver entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name