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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000017299 (5)

DOUBLE WIN INVESTMENTS, INC.

## FILED Apr 17 1997 8:00am Secretary of State



		Mailing Address	g Address		T LOOKINGO THE COINT WHITE WATER ONLY BOTH SELEK TIMES SOON WIND SELEK THEIR			
5840 RED BUG LAKE ROAD. SUITE 90 WINTER SPRINGS FL 32708			5840 RED BUG LAKE ROAD. SUITE 90 WINTER SPRINGS FL 32708-5011					
					3. Date Incorporated or Quali 03/01/1995		te of Last F 04/1996	leport
2. Principal Pl	ace of Business	2a. Mailing Addres	SS		4. FEI Number		A	oplied For
1		26			59-3297710		No.	ot Applicable
Surte, Apt. (	#, <b>e</b> [0	Suite, Apt. #, 6	etc.		5. Certificate of Status Desire	a 🗆		Additional equired
City & State	)	City & State			6. Election Campaign Financi	ng	\$5.00	May Be
3		28			Trust Fund Contribution		•	to Fees
Zφ	Country	<i>Z</i> <sub>1</sub> p	Coul	itry	8. This corporation has liabilit			. 199.032,
24	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Co	urrent Registered Agent		-T	10. Name and Address of Ne	w Registered /	\gent	
	DSKY, ROBERT L		ļ	81 Name				
	STATE ROAD 434		<u> </u>	B2 Street Ad	ldress (P.O. Box Number is Not Acc	eptable)		
	TE 1201-50		ļ.		RED BUG LAKE RD	, SUITE	40	
ALT/	amonte springs FL 3271	4		B3				
			ŀ	B4 City			65 Zip	Code
			1	WIN	TER SPRINGS	FL.	1 1 3 2	2708
	to the provisions of Sections 607 egistered agent or both, in the s re familiar with and accept the o	Marke	Kosek	- L. TS	KODSKY	4/14/	Y7	
SIGNATURE	Sky of Kingres or proved name of register	extended and little if approveding.	(NOTE: Registered	- L. TS	quired when reinstating)	DATE	P/Z	20 IN 40
SIGNATURE	Signatura (Special providence) of register OFFICERS	ex condition and little in application.	(NOTE: Registered	Agent signature rec				
SIGNATURE  12.  Title	Signature of the Control of the Cont	extended and little if approveding.	(NOTE: Registered 13.) ETE 1.1 TII	Agent signature rec	quired when reinstating)		DIPECTOR Change	
SIGNATURE  112.  TITLE  NAME	OFFICERS  D  BRODSKY, ROBERT L	S AND DIRECTORS	(NOTE: Registered 13.) ETE 1.1 TIT 1.2 NA	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO (	OFFICERS AND	Change	Additii
SIGNATURE  12.  THE  NAME  STREET ADDRESS	OFFICERS D BRODSKY, ROBERT L 931 STATE ROAD 434, S	S AND DIRECTORS  DEL  UITE 1201-50	(NOTE: Registered  13. ETE 1.1 TIT  1.2 NA  1.3 STI	Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO (	OFFICERS AND	Change	Additio
SIGNATURE  12. THE NAME SIBEEL ADDRESS CHY-51-2IP	OFFICERS  D  BRODSKY, ROBERT L	S AND DIRECTORS  DITE 1201-50  32714	(NOTE: Registered  13.  ETE 1.1 TIT  1.2 NA  1.3 ST  1.4 CR	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO (	OFFICERS AND	Change SUITE O 8	Addition Addition
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14. I do hereby certify that the information supplied with this filling 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 trusts empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if configed, or on an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL OR DIRECTOR

L. BRODSKY

4/14/87

407-695-4949

0063026