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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057299 (6)

DOUBLE M MART, INC.

Principal Place of Business Mailing Address 128 AVENUE T. NE 128 AVENUE T. NE WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 DO NOT WRITE IN THIS SPACE

FILED May 12 1998 8:00am Secretary of State



									3. Date Incorporated or Qualified			
									07/21/1995			
2. Principal Place of Business				2a. Mailing Address					4, FEI Number	Applied For		
21			26	26					59-3343787		t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75		
22				27						Fee Re		
City & State				City & State					6, Election Campaign Financing \$5.00 May Be			
23						Trust Fund Contribution			to Fees			
Zip					Country	•		8. This corporation owes or has paid the currer				
24					30				Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
MARCELLUS, SERGE						81	81 Name					
128 AVENUE T, NE				1			82 Street Address (P.O. Box Number is Not Acceptable)					
		N FL 33881										
WINTER WAVETURE SOOOT												
							-			ee 7:5 /	Codo	
						84	City		FL!	85 Zip (Code	
11. Pursuant t	o the provis	ions of Sections 607.05	02 and 6	607.1508, Florida	Statutes, t	ne above	e-name	d corpo	oration submits this statement for the purpose of cl	hanging it	s registered	
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 Noed	or printed name of registored a	oent and tile	e if apolicable	INOTE: Rec	istered Ape	ent signatu	ra require	ed when reinstating) DATE			
12.		OFFICERS AF				13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	IS IN 12	
TITLE	Ď			☐ DELE	TE	1.1 TITLE				Change	Addition	
NAME	_	LUS, SERGE				1.2 NAME					i	
STREET ADDRESS								DORESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP								
TITLE	D	HAVEN FL 33881		DELE	TF T	2.1 TITLE	31 - 4 -11			Change	Addition	
NAME	_	LUS, VIOLETTE			-	2.2 NAME				_		
· ·		NUE T, NE		B .			2.3 STREET ADDRESS					
STREET ADDRESS							2. 4 CITY-ST-ZIP					
CITY-ST-ZIP	MINIER	HAVEN FL 33881					51 - ZIP	+-		Change	Addition	
TITLE						3.1 TITLE			Ę	_		
NAME							3.2 NAME					
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HAME						4. 2 NAME						
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NAME						5.2 NAME						
STREET ADDRESS					I	5.3 STREET	ADORESS					
CITY-ST-ZIP					i	5.4 CITY-S	ST-ZIP	1_				
TITLE				DELE	TE	6.1 TITLE				Change	Addition	
NAME						6.2 NAME					ŀ	
STREET ADDRESS						6.3 STREET	ADDRESS	:				
				6.4 CM							l	
CITY - ST - ZIP	<u> </u>		777 377	· · · · · ·	-1/5 - 6 - 45	0.4 OILL .			Casting 140 07/2/// Florida Statutos, Lifuthar corti	fu that the	information	

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 furner certify that the information indicated on this ennuel 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 trustoe 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.