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 # P96000092736 (3)

DOUBLE D INVESTMENT PROPERTIES, INC.

FILED Mar 12 1998 8:00am Secretary of State



					18 (FU) (1000 IFA BIII IDD1
Principal Place of Business Mailing Address					
2851 N.E. 55 PLACE 2851 N.E. 55TH PLACE					
FORT LAUDE	RDALE FL 33308	FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE	
08				3. Date Incorporated or Qualified	
MA-41. D. Anneca.				11/08/1996	
2. Principal P	HLWD D'ADDRCA. Place of Business I we so pl.	2a. Mailing Address		4. FEI Number	Applied For
	I we stol.	26 Same		65-0735160	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22 FT. AUD F		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip.	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 333	108 25 BROWAM	29	30	Personal Property Tax due June 30.	Yes □ No □
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
Gil	JNTA, PATRICK B		81 Name		
218	89 S.E. 9TH STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			oli oti oti	todiess (1.6. Box Hambol is Hot Hoseptable)	
			83		
			84 City		85 Zip Code
			64 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					
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the abligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature: typed or product name of registered agent and title diagratical (NOTE Registered Agent signature required when reinstating) DATE Only Registered Agent signature required when reinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	D'ANDREA, MATTHEW		1.2 NAME		
STREET ADDRESS	2851 N.E. 55TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY - ST - ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	D'ANDREA, DIANE		2.2 NAME		
STREET ADDRESS	2851 N.E. 55TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		T-1 At
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Therese	3.4. CITY - ST - ZIP		Obana Adam-
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		TT BELEVE	4.4 CITY - ST - ZIP		Chance 17 (448)
TITLE		☐ DETEIE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		}
CITY-ST-ZIP		T7 access	5.4 CITY-ST-ZIP		Obassa Salasa
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	_		6.3 STREET ADDRESS		ļ
CITY-ST-ZIP	L//		6.4 CITY-ST-ZIP		

cupplemental 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 or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or a fall attraction with a faddress.

2-18-98

954 561-3573