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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000092736

1. Corporation Name

DOUBLE D INVESTMENT PROPERTIES, INC.

Principal Place	e of Business	Mailing Address		I lettich us is to built eath eath said said said	1110 4111 1481
C/O D'ANDREA	, MATTHEW	2851 N.E. 55TH PLACE		•	
2851 N.E 55 PL FORT LAUDERDALE FL 333			308	DO NOT IMPLIE IN THIS SPACE	
FORT LAUDERD	DALE FL 33308			DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed	ļ
		V-9: Add		11/08/1996 4. FEI Number App	lied For
	lace of Business	2a. Mailing Address			Applicable
21		26 Suite Apt # ete		65-0735160 Not	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Reg	
22 City & Ctate		City & State			
City & State	e			6. Election Campaign Financing S5.00 M Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	1 000
			30		∃No
24	9. Name and Address of Curr	29 ant Pagistered Agent	[30]	10. Name and Address of New Registered Agent	
	9. Name and Address of Care	ent negistara regant	81 Name		
GIUN	NTA, PATRICK B				
	S.E. 9TH STREET		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	IPANO BEACH FL 33062		83		
, , , , ,			"		
			84 City	FL 85 Zip Co	ode
	10 11 007 0	500 L 007 4500 Florido State	has the about pomed or	proration submits this statement for the purpose of changing its r	egistered
office or n	egistered agent, or both, in the Sta	te of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the appointment as regi	stered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE				ired when reinstating) DATE	
	Signature, typed or printed name of registered a	agent and title if applicable. (NOTI AND DIRECTORS	Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	2S IN 12
12.	DP OFFICERS				
TITLE		☐ DELETE	■ 11 TEB F	Change	Addition
	- -	☐ DELETE	1.1 TITLE	Change	
NAME	D'ANDREA, MATTHEW	☐ DELETE	1.2 NAME	[] Change	
STREET ADDRESS	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE		1.2 NAME 1.3 STREET ADDRESS	[] Change	
STREET ADDRESS CITY-ST-ZIP	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330	98	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Addition
STREET ADDRESS	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330 DV		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Change	
STREET ADDRESS CITY-ST-ZIP	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330 DV D'ANDREA, DIANE	98	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Addition
STREET ADDRESS CITY-ST-ZIP TITLE	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330 DV D'ANDREA, DIANE 2851 N.E. 55TH PLACE	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330 DV D'ANDREA, DIANE 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330	DELETE DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'ANDREA, MATTHEW 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330 DV D'ANDREA, DIANE 2851 N.E. 55TH PLACE FORT LAUDERDALE FL 3330	DELETE DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change	Addition Addition Addition

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 further certify that the information indicated on this annual report or supplemental annual poort 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of an autachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP