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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000097487 (8)

DOUBLE V & W, INC.

Principal Place of Business	Mailing Address
17788 US HWY 301 N CITRA FL 32113	17786 US HWY 301 N CITRA FL 32113-2456
VIIIN IE SELIS	OTTIN TE SETTO 2750

FILED May 01 1997 8:00am Secretary of State



,						3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1996	
2. Principal P	2. Principal Place of Business 2a. Mailing Address		ross			4. FE! Number Applied For	
21	26				59-341454/ Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				***************************************	5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Z(p)	30	ountry	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No	
	9. Name and Address of C	Current Registered Agent				10. Name and Address of New Registered Agent	
VITTI	I, DANIEL A			81	Name		
17786 US HWY 301 N				-	C4	disease (D.O. Day Numbers in Net Associable)	
CITRA FL 32113				82 Street Address (P.O. Box Number is Not Acceptable)			
Ollik	M I C OZIIO			83	1		
				84	City	85 Zip Code	
					′	FL ! '	
agent. I a	am familiar with, and accept the	MAT AL	_			corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered. 4/17/47 required when reinstating)	
12.	OFFICER	RS AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	D	ELETE 1	THLE		Change Addition	
NAME	VITTI, DANIEL A SR		13	NAME.			
STREET ADDRESS	17786 US HWY 301 N		1.3	STHEE	T ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		1.4	4 CITY-S	S1 - ZIP		
TITLE		DI DI	ELETE 2.	HILE		Severally Change Addition	
NAME			2.2	NAME		VITTI Daniel A. DR	
STREET ADDRESS			2.3	STREET	I ADDRESS	Sinctary Change Addition VITI Daniel A DR 177 16 UF NW7 301 A	
CITY-ST-ZIP			2.	4 CH1Y -	S1-ZIF	Citra FL 32113	
TITLE		DI	ELETE 3.	TITLE	1	Change Addition	
NAME			33	2 NAME		Jim Mucris 12786 US Huy 301 A	
STREET ADDRESS			3.3	STREE	T ADDRESS	17786 US NWY 3011	
CITY-ST-ZIP			3.	4. CITY -	S1-ZIP	Citia 12 32113	
ŤITLÉ		D	ELETE 4	TITLE		Change Addition	
NAME .	İ		4	2 NAMĚ	.		
STREET ADDRESS			4:	STREE	T ADDRESS		
CITY-ST-ZIP			4.	4 CITY-:	ST-ZIP	ΛI	
TITLE		D:	ELETE 5.	1 1171.1		Change , Addition	
NAME	1		5.5	2 NAME			
						ZAM 11 11.17	
STREET ADDRESS	1			3 STREE	1 ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.	3 STREE		105/1/97	
			5.			105/1/9-	
CITY-ST-ZIP			5.1 (5.1 (1.1) (1.1)	4 CITY - S		200002155042 Addition	
CITY-ST-ZIP TITLE			5.1 5.1 ELETE 6.	4 CITY - S 1 TITLE 2 NAME		200002165042 -05/05/9701014017 ***165.00	

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 director of the corporation or the regioner or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 thanged, or on wattac ment with an address.

SIGNATURE

Down Will With

DANIELA. VITTISE 4/18/87