

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097487 (8)
 1. Corporation Name
DOUBLE V & W, INC.



Principal Place of Business 17786 US HWY 301 N CITRA FL 32113	Mailing Address 17786 US HWY 301 N CITRA FL 32113-2456
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
21	22	23	24	25	26
27. Suite, Apt. #, etc.		28. City & State		29. Zip	30. Country
21. FEI Number 59-3414541		22. Certificate of Status Desired <input type="checkbox"/>		23. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Applied For		Not Applicable		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
24. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VITTI, DANIEL A 17786 US HWY 301 N CITRA FL 32113				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Daniel A. Vitti Sr* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VITTI, DANIEL A SR			1.2 NAME			
STREET ADDRESS	17786 US HWY 301 N			1.3 STREET ADDRESS			
CITY-ST-ZIP	CITRA FL 32113			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				2.2 NAME	<i>Secretary</i>		
STREET ADDRESS				2.3 STREET ADDRESS	<i>VITTI, DANIEL A. JR</i>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<i>17786 US Hwy 301 N</i>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				3.2 NAME	<i>Director</i>		
STREET ADDRESS				3.3 STREET ADDRESS	<i>Jim Morris</i>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<i>17786 US Hwy 301 N</i>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 receiver or trustee 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.

SIGNATURE: *Daniel A. Vitti Sr* *DANIEL A. VITTI SR 4/18/97*

CR2E034 (9/96)