FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S91236** **(7)**

1. Corporation Name
DOUBLE UP INVESTMENTS, INC.

Principal Place of Business	Mailing Address
519 CLEVELAND ST. #509 CLEARWATER FL 34615	519 CLEVELAND ST. #509 CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 400 Islandway #1506	26 400 Islandway #1506
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater, Fla.	28 Clearwater, Fla.
24 Zip: 34630	29 Zip: 34630
25 Country: PIN	30 Country: PIN

4. FEI Number: **59-3092718** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, FENTON E.
519 CLEVELAND ST. #504
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: Rose Needles
82 Street Address (P.O. Box Number is Not Acceptable): 400 Islandway #1506
83
84 City: Clearwater Fla. FL 85 Zip Code: 34630

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: Rose Needles 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	KATAKUZINGS, ELPISE	12 NAME	
STREET ADDRESS	P.O. BOX 942	13 STREET ADDRESS	
CITY-ST-ZIP	EDENVALE 1610 SOUTH AFRICA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	JONES, FLENTON E.	22 NAME	S Rose Needles
STREET ADDRESS	519 CLEVELAND ST. #209	23 STREET ADDRESS	400 Islandway #1506
CITY-ST-ZIP	CLEARWATER FL 34615	24 CITY-ST-ZIP	Clearwater, Fla. 34630
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rose Needles Rose Needles 4-20-95 813-442-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR