PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S93237**

DOUBLE DALLAS EAGLE ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90072 036 ***150.00



Principal Place of Business Mailing Address					1 (45)1844 114 (41)14 11114 11111 1111 11111 11111			
3858-S SHERIDAN STREET 3858-S SHERIDAN STREET								
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE				
						3 SPACE	—— <u> </u>	
					3. Date Incorporated or Qualifed	•		
					11/12/1991			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		opplied For	
21		26			65-0305822		lot Applicable	
Suite, Apt. :	#, etc. 	Suite, Apt. #, etc.	7		5. Certificate of Status Desired	Fee Required		
City & State	e ·	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the current year t		- 7	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent		г	10. Name and Address of New Registere	d Agent		
SCHECHTER, STUART A. 3858-S SHERIDAN STREET HOLLYWOOD FL 33021			81					
			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			83	83				
				City		85 Zip	Code	
office or r	to the provisions of Sections 607.3536 gistered agent, or both, in the State of m familiar with, and accept the obligate familiar with, and accept the obligate signature, typed or printed name of registered agen	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as r	egistered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	SCHECHTER, STUART A.		1.2 NAME					
STREET ADDRESS	3858-S SHERIDAN STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	T-7IP			.]	
TITLE			2.1 TITLE	- June		☐ Change	Addition	
NAME	SCHECHTER, STUART A.		2.2 NAME				ļ	
STREET ADDRESS	AASA A ALIEBIDAN ATREET		2.3 STREET	TADDRESS			ł	
CITY-ST-ZIP			2. 4 CITY-S					
TITLE	110221111000112	DELETE 3.1T				Change	Addition	
NAME			3.2 NAME		•			
STREET ADDRESS			ı.	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5			•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS			-]	
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME		<u></u>	5.2 NAME			_ •	ļ	
NAME .				TADDRESS			1	

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 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 comporation 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 manual or on an attachment and address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition