

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K54805** (2)  
1. Corporation Name  
**CDDM, INC.**



Principal Place of Business: **% CONSTANTINE PAPAGEORGIU, 5814 HIGH POINT ROAD, PANAMA CITY FL 32404**  
Mailing Address: **% CONSTANTINE PAPAGEORGIU, 5814 HIGH POINT ROAD, PANAMA CITY FL 32404**

2. Principal Place of Business: 21 State, Apt. No., etc.; 22 City & State; 23 Zip; 24 County; 25  
2a. Mailing Address: 26 State, Apt. No., etc.; 27 City & State; 28 Zip; 29 County; 30

3. Date Incorporated or Qualified: **12/22/1988** 3a. Date of Last Report: **02/23/1995**  
4. FEI Number: **59-2923794** 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 a tangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**PAPAGEORGIU, CONSTANTINE, 5814 HIGH POINT ROAD, PANAMA CITY FL 32404**

81 Name  
82 Street Address P.O. Box Number, Not Acceptable  
83  
84 City, State, Zip Code  
**FL 85**

11. Pursuant to the provisions of Section 607.01(2)(a) and 607.01(3)(b), Florida Statutes, the above named corporation admits the 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 and is of full force and effect. Thereby, as a public appointment as registered agent, I am hereby authorized by the provisions of Section 607.01(2)(a) and 607.01(3)(b), Florida Statutes.

SIGNATURE OF OFFICERS AND DIRECTORS  
12. OFFICERS AND DIRECTORS  
[ ] OFFICER  
NAME: **PD PAPAGEORGIU, CONSTANTIN**  
STREET ADDRESS: **5814 HIGH POINT ROAD**  
CITY, ST. ZIP: **PANAMA CITY FL**  
[ ] OFFICER  
NAME: **DST PAPAGEORGIU, DELORES**  
STREET ADDRESS: **5814 HIGH POINT ROAD**  
CITY, ST. ZIP: **PANAMA CITY FL**  
[ ] OFFICER  
[ ] OFFICER  
[ ] OFFICER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
[ ] Change [ ] Addition  
[ ] Change [ ] Addition  
[ ] Change [ ] Addition  
[ ] Change [ ] Addition  
[ ] Change [ ] Addition

14. I do hereby declare that the information given in this statement is true and correct, to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath, that I am an officer and director of the corporation, that the purpose of this filing complies with the requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as required by the provisions of said Chapter 607, Florida Statutes.

SIGNATURE: *Constantine Papageorgiou*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)