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Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 627321 (3)

1. Corporation Name  
DDK INVESTMENTS, INC.

Principal Place of Business:

425 OAK SHADOW WAY  
P.O. BOX 882  
LOXAHATCHEE FL 33470-7882

Mailing Address:

425 OAK SHADOW WAY  
P.O. BOX 882  
LOXAHATCHEE FL 33470-0882



2. Principal Place of Business:

21 1341 FAIRFAX CIRE.  
Suite, Apt. #, etc.

22 City & State

23 LANTANA, FLORIDA  
Zip 33462 Country USA

24 FLORIDA 25 USA

2a. Mailing Address:

26 1341 FAIRFAX CIRE.  
Suite, Apt. #, etc.

27 City & State

28 LANTANA, FLORIDA  
Zip 33462 Country USA

29 33462 30 USA

3. Date Incorporated or Qualified  
06/25/1979

3a. Date of Last Report  
04/08/1996

4. FEI Number

59-1926782

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

KATZ, MARTIN V.  
707 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of the president, director, or registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1011 VD  
NAME DALTON, DM  
STREET ADDRESS 123 TAMARACK CRES  
CITY-STATE-ZIP LONDON, ONT CA 00000

1012 STD  
NAME SIFTON, W.M.  
STREET ADDRESS 1006 HUNT CLUM MEWS  
CITY-STATE-ZIP LONDON ONT CA 00000

1013 PD  
NAME BEDARD, RD  
STREET ADDRESS 425 OAK SHADOW  
CITY-STATE-ZIP W PALM BCH, FL 00000

1014 AS  
NAME SIFTON, P.G.  
STREET ADDRESS 1814 DUNSFORD RD  
CITY-STATE-ZIP JACKSONVILLE FL

1015  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1016  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. BEDARD

MARCH 18, 1997 (561) 642-6433

Date

Daytime Phone #

CR2E034 (9/96)