

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 08, 1999 8:00 am  
Secretary of State

06-08-1999 90009 028 \*\*\*558.75

DOCUMENT # 660447

1. Corporation Name  
D.C.D. ENTERPRISES, INC.

Principal Place of Business  
2485 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304  
US

Mailing Address  
2485 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1980

4. FEI Number

59-1988113

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4520 W. HALLANDALE BEACH BLVD.

26 4520 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOLLYWOOD, FL 33023

27

City & State

City & State

23

28 HOLLYWOOD FL.

Zip

Country

24 33023 25 BROWARD

Zip

Country

29 33023 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALGANO, FRANK J

4520 W. HALLANDALE BEACH BLVD.

HOLLYWOOD, FL 33023

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, 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 S ☒ DELETE

NAME CODY, THERESA

STREET ADDRESS 2128 BIT PATH

CITY-ST-ZIP SEAFORD NY 11783

TITLE P S ☐ DELETE

NAME GALGANO, FRANK J.

STREET ADDRESS 2219 N.E. 17TH COURT

CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. GALGANO

Date

2/10/99

Daytime Phone #

954-565-6787

CR2E034 (11/98)

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