

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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:58

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G24216** (5)

1. Corporation Name
DDH INVESTMENT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2431 ALOMA AVENUE **2431 ALOMA AVENUE**
WINTER PARK FL 32792 **WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1983	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 59-2387452	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. County	29. Zip	30. County	8. This corporation has liability for intangible tax under S. 1967(4)(b), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HELLING, DALE D. 2431 ALOMA AVE WINTER PARK FL 32792				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 607.06(2) and 607.15(8) 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 607.06(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PSD	1. NAME HELLING, DALE D.	1. TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS 2431 ALOMA AVE	2. STREET ADDRESS 2431 ALOMA AVE	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, ST. ZIP WINTER PARK FL	3. CITY, ST. ZIP WINTER PARK FL	3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	4. NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. STREET ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	6. CITY, ST. ZIP	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY, ST. ZIP	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	8. NAME	8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	9. STREET ADDRESS	9. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	10. CITY, ST. ZIP	10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY, ST. ZIP	11. NAME	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	12. STREET ADDRESS	12. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 owner or holder 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: *Dale D. Helling* Dale D. Helling - President 5/1/95 (407)678-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR