Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90022 022 \*\*\*150.00

## 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

## DOCUMENT # G94602

1. Corporation Name

DDN INVESTMENTS, INC.

							<u> </u>			ii 110ii 010ii 100i
Principal Place	of Business	Mail	ing Address							
C/O DARRELL G. HAASS C/O DARRELL G. HAASS						•				
800 N FERNCREEK			800 N FERNCREEK				DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32803 ORLANDO FL 32803 US US			INDO FL 32803				3. Date Incorporated or Qualifed			
J0		00					04/04/1984			
2. Principal Place of Business			.2a. Mailing Address			4. FEI Number 59-2476757		_ 11	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							5 Additional
2			27				5. Certificate of Status Desired	i 	Fee	Required
City & State			City & State				6. Election Campaign Financing	ŀ		0 May Be
:3		28					Trust Fund Contribution			d to Fees
Zip	Country	$\vdash$	Zip 	— Cou	ntry		8. This corporation owes the current y		ngible ∐Yes	□No
4	25	29		30			Personal Property Tax.		=	
	9. Name and Address of Curre	nt Registe	red Agent		81	Name	10. Name and Address of New Regis	stered A	Aeur	
HAA	SS, DARRELL G.				•	Name				
800 N FERNCREEK					82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32803				83					
•					84	City		FL	85 Zi	p Code
					1		La de la calada mana dela calad		hanaina	its registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	of Florida	. Such change was au	ithorized	bv 1	the comoratio	oration submits this statement for the purpon's board of directors. I hereby accept the	appoin	tment as	registered
SIGNATURE										
0,0,0,0,0	Signature, typed or printed name of registered as	ent and title if	applicable. (NOTE:	Registered	Agen	t signature required	o with training	DATE		
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	PST		☐ DELETE	1.1 TIT	LE				Chang	e
NAME	HAASS, DARRELL G			1.2 NA	ME					
STREET ADDRESS					1.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL			1.4 CF	TY-51	r-ZIP				
TITLE			☐ DELETE	2.1 TIT	lΕ				Chang	e Addition
NAME				2.2 NA	ME	ļ			•	
STREET ADDRESS				2.3 ST	REET	ADDRESS				,
CITY-ST-ZIP	and the second s	··		2:4 C	TY- <u>S</u>	T-ZIP				
TITLE	I ,		☐ DELETE	3.1 TIT	ΓLE	; ]			[] Chang	ge
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TI	ΓLE				Chang	je 🗌 Addition
NAME				4. 2 N	AME					
STREET ADDRESS	,			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	į			4.4 CF	TY+\$7	r-zip				
TITLE			☐ DELETE	5.1 TF					Chang	ge 🗌 Addition
NAME				5.2 NA	ME					
STREET ADDRESS	}			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CF	TY-51	T-ZIP				
TITLE			☐ DELETE	6.1 Ti	TLE				Chang	ge Addition
NAME				6.2 N	ME					
STREET ADDRESS	}			6.3 ST	REET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR