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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L44897

DDH ENTERPRISES, INC.

(1)

FILED Jan 24 1997 8:00am Secretary of State



2. Principal Pl 21 Suile, Apt 22 City & State	AGLE DRSYTH 8T ≠170 E FL 32202 lace of Business		AGLE F RD. STE 340 E FL 32216-1459 dress			3. Date Incorporated or Qualified 01/18/1990 4. FEt Number 59-2985380 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of Last Report 10/31/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23 Zip	Country	Zip	C	ountry	,	8. This corporation has liability for	
24	25	29	30				Yes No
.=	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered Agent
SL	AGLE, SUSAN		*****	81	Name		
4190 BELFORT RD.				-	<u> </u>	/0.0 0 - North - In North - In North	1-1
	E 240		82		Street Address (P.O. Box Number is Not Acceptable)		
	CKSONVILLE FL FL 32216			63	 		
•							
				84	City		FL 85 Zip Code
agent La SIGNATURE 12. THE NAME STREET ADDRESS OUY ST 28F	Signature system professional accept the obli- Signature system professional accept the obli- OFFICERS AT DHARKLEROAD, CARL ONE RED STONE DR SIMSBURY CT	gesi and their applicable	(NOTE Registre 1.9 DELETE 1.9 1.1	erea Ago 3. 1 TITLE 2 NAME	ent signature i	equired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Additio
TITLE	D		DELETE 2.1	1 TITLE			Change Additio
NAME	DRIGNAT, JOSEPH		2.3	2 NAME			
STREET ADDRESS	1006 MOTTHILL RD		2.3	3 STREET	TADDRESS		
CHY- ST- ZP	S GLASTONBURY CT		2.	4 CITY -	ST-ZIP		
THE	D			1 TITLE			Change Additio
NAMŁ	DURANTE, PETER		3.3	2 NAME	1		
STREET ADDRESS	305 BAY STREET		3:	3 STREET	T ADDRESS		
CHTY ST-ZIF	NEPTUNE BEACH FL		3,	4. ÇITY -	ST-7IP		
Tille				† TITLE			Change Additio
NAME				2 NAME	ł		
					T ADDRESS		
STREET ADDRESS							
CHTY - ST - Ziel				4 City-: 1 title	21-7IF		Change Addition
Tille		Ц			1		hour - carryn hand revenue
NAME				2 NAME	į.		
STREET ADDRESS					T ADDRESS		
CITY - ST - ZIP				4 CITY-1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
THUE		لــا		1 TITLE			L Change L Addition
NAME			6.	2 NAME			
STREET ADDRESS			6.	3 STREE	T ADORESS		
Cuty - S1 - 210			6	4 CITY-	ST-ZIP		

14. Los hereby certify that the information supplied with this hiling 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 preciping the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fillock 12 or plook to proceed the composition or an attachment with an address.

SIGNATURE:

GODURANTE