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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003806 (5)

1. Corporation Name

T.D.D.J., INC.



Principal Place of Business 4300 NORTH WEST 12TH AVENUE MIAMI FL 33127	Mailing Address POST OFFICE BOX 012346 MIAMI FL 33101
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3. Date Incorporated or Qualified
08/10/1995

4. FEI Number
65-0602310

Applied For

Not Applicable

2. Principal Place of Business 21 14352 79TH COURT NORTH Suite, Apt. #, etc. 22 - City & State 23 LOXAHATCHEE, FL Zip 24 33470	2a. Mailing Address 25 14352 79TH COURT NORTH Suite, Apt. #, etc. 27 - City & State 28 LOXAHATCHEE, FL Zip 29 33470 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HILL, DONALD
4300 NORTH WEST 12TH AVENUE
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name **DONALD HILL**
82 Street Address (P.O. Box Number is Not Acceptable)
14352 79TH COURT NORTH
83
84 City **LOXAHATCHEE** **FL** 85 Zip Code **33470**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	GAITHER, DELORES	1.2 NAME	
STREET ADDRESS	19674 N.W. 84TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	GAITOR, TISHA	2.2 NAME	
STREET ADDRESS	19674 N.W. 84TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CURRY, EMORY	3.2 NAME	
STREET ADDRESS	19661 N.W. 84 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	CURRY, TIA	4.2 NAME	
STREET ADDRESS	19661 N.W. 84TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DeLores Gaither

5/15/98

CR2E037 (10/97)