FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT - 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000038061

1. Corporation Name

T.D.D.J., INC.

Principal Place of Business

14352 79TH COURT NORTH LOXAHATCHEE FL 33470

US

Mailing Address

14352 79TH COURT NORTH LOXAHATCHEE FL 33470

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FILED

Jul 07, 1999 8:00 am Secretary of State

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								-	•			·
2. 21	Principal Place of Busin	ness	2a.	Mailing Address				3.	Oate Incorporated or Qualifed 08/10/1995			<u>.</u>
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				4.	FEI Number 65-0602310			Applied For Not Applicable
23	City & State		28	City & State		,		5.	· Certifcate of Status Desired			75 Additional se Required
24	Zip	Country 25	29	Zip	30	Country		6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be Ided to Fees
۳	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
							Name		•			· · · · · ·
14352 79TH COURT NORTH						82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
						83		, Aller				
						84	City			FL	85	Zip Code
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												

reasonance the programme as decounts are considered and a received and a 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.

ayent. i a	in familiar with, and accept the obligati	10113 01, 0002011 011 10000, 1 1011			}
SIGNATURE	Signature, typed or printed name of registered agen	ALOTE: 5	Registered Agent signature requi	red when reinstation) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	CEOD GALFOR	DELETE	1.1 TITLE	☐ Cha	nge 🔲 Addition
			1.2 NAME		
NAME	GAITHER, DELORES	·		•	•
STREET ADDRESS			1.3 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL 33015	Bester	1.4 CITY-ST-ZIP	□ Cha	nge Addition
TITLE	SD	☐ DELETE	2.1 TITLE		indo Duradiadus
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	☐ DELETE	3.1 TITLE	Cha	nge , 🔲 Addition
NAME	CURRY, EMORY		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		J***
CITY-ST-ZIP	MIAMI FL 33015		3.4. CITY+ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	Cha	nge Addition
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 .		☐ DELETE	5.1 TITLE	☐ Cha	nge
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		. *	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Cha	nge Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.