

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019115 (3)

1. Corporation Name
D.D.M.D., INC.



Principal Place of Business

2144 HARLOW
PORT ST. LUCIE FL 34952

Mailing Address

2144 HARLOW
PORT ST. LUCIE FL 34952

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

CIPRIANI, DAN
2144 HARLOW
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
11/13/1995

4. FEI Number
59-3182061

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.01(2) and 607.15(3), Florida Statutes, this duly organized 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 617.05(6), Florida Statute.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
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CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PVST
CIPRIANI, DANIEL
2144 S.E. HARLOW
PORT ST. LUCIE FL 34952

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. NAME
2. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
2. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
3. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
4. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
5. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
6. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing 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 true owner or controller thereof, and that I am authorized 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 a like effect.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 407 334 0502
Date Printed

CR2E034 (12/95)