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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

| 1. Corporation | DD & ASSOCIATES, INC. | 072787 | | | | | |
|---|---|--|--------------------------|------------------------------------|---|---------------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | | 11 18818 HEIT 1881 1884 1 | .5117 1987 1987 |
| 1000 ISLAND BLVD P O BOX 630553 | | | | | | | |
| 2506 MAIMI FL 33163-0553 | | | | | | | |
| AVENTURA FL 33160 US | | | | | DO NOT WRITE IN THI | S SPACE | |
| US | | | | | 3. Date Incorporated or Qualifed | | |
| - | | | | | 10/11/1993 | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | App | lied For |
| 21 26 | | | | 65-0456010 | Not | Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 A | | |
| 22 27 | | | | 5. Certificate of Status Desired | Fee Rec | quired | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 1 | May Be |
| 23 28 | | | | | Trust Fund Contribution | Added to | Fees د |
| Zip | | | Country | | 8. This corporation owes the current year I | ntangible | _ |
| 24 | 25 29 30 | | 0 | Personal Property Tax. ☐ Yes ☐ No. | | □No | |
| | 9. Name and Address of Curren | | <u>-, I</u> | | 10. Name and Address of New Registere | d Agent | |
| L | | | 81 | 1 Name | | | _ |
| INFELD, ROBERT | | | | | (D.C. D. M. Sharis Net Assessable) | | |
| 5801 BISCAYNE BLVD | | | 82 | 2 Street Addre | ess (P.O. Box Number is Not Acceptable) | | , |
| MIAMI FL 33137 | | | 83 | 3 | | | |
| | | | | | | | |
| | | | 84 | 4 City | F | 85 Zip C | ode |
| | | | | <u> </u> | oration submits this statement for the purpose of | | |
| office or n | egistered agent, or both, in the State of familiar with, and accept the obligation of state of the obligation of the state of the obligation of the state of the | of Florida. Such change was autitions of, Section 607.0505, Florid | norized by la Statute | y the corporatio | in's board of directors. I nereby accept the app | ointment as reg | istered |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTO | RS IN 12 |
| πιε | D | ☐ DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | CODD, SHARON B | | 1.2 NAME | | | | 1 |
| STREET ADDRESS | 1000 ISLAND BLVD #2506 | | 1.3 STREE | ET ADDRESS | | | 1 |
| CITY-ST-ZIP | AVENTURA FL 33160 | | 1.4 CITY- | | | | ĺ |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| ľ | CODD, EDGAR F | • | 2.2 NAME | | | | |
| NAME | 1000 ISLAND BLVD #2506 | | | | | | ł |
| STREET ADDRESS | | 3- | 2.3 STREET ADDRESS | | | | - |
| CITY-ST-ZIP | -AVENTURA FL 33160 | | 2.4 CITY-ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | . Change | |
| NAME | • | | 3.2 NAME | | | | { |
| STREET ADDRESS. | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | · | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | • | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | * , | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | • | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | |
| | | | 5.4 CITY- | | | | } |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| ļ i | , | | 6.2 NAME | | | | _ |
| NAME | WE . | | 1 | 1 | | • | |
| STREET ADDRESS | PB Normal Architecture | | 0.3 3 I KE | ET ADDRESS | | | |

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 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: