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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000031043 (0)

1. Corporation Name

DDG CONSULTING GROUP, INC.



Principal Place of Business

660 LINTON BLVD.
SUITE 201-B
DELRAY BEACH FL 33444
US

Mailing Address

660 LINTON BLVD.
SUITE 201-B
DELRAY BEACH FL 33444-8148
US

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21 631 US HIGHWAY ONE
Suite, Apt. #, etc.

22 SUITE 205

City & State

23 NORTH PALM BEACH

Zip

24 33408

Country

25 USA

2a. Mailing Address

26 631 US HIGHWAY ONE
Suite, Apt. #, etc.

27 SUITE 205

City & State

28 NORTH PALM BEACH

Zip

29 33408

Country

30 USA

4. FEI Number

65-0488913

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE CPA
3511 WEST COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D ROSEN, GREGG
STREET ADDRESS 660 LINTON BLVD
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 631 U.S. HIGHWAY ONE #205
1.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS HIRSCHENSON, DAVID
2.4 CITY-ST-ZIP 3520 W. BROWARD BLVD #205
FORT LAUDERDALE, FL 33312

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)