FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

n karannoon nin kakin orbin ostin banki banki bakan binda kohan kilik kohan kilik kohan kalik

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038893** (1)

D & D ENTERPRISES OF BREVARD, INC.

Principal Pla 1910 FABIEN (MELBOURNE I		Mailing Address 1910 FABIEN CIRCLE MELBOURNE FL 32940-6781			Date Incorporated or Qualified 3a. Date of Last Report				
						3. Date Incorporated or Qualified 05/17/1994		te of Last R 1/1996	eport
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 59-3242398			oplied For of Applicable
Suite, Api	l. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Countr 30	У		8. This corporation has liability for i		tax under s	. 199,032,
<u> </u>	9. Name and Address of Curre					10. Name and Address of New Re	stered /	igent	
COI	LLINS, DENNIS G		81	T	Name				
190	3 FABIEN CIRCLE		82	1	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
MEI	LBOURNE FL 32940		83	9					
			84	1	City		FL	85 Zip (Code
office or agent 1 SIGNATURE	registered agent or both, in the Stat am familiar with, and accept the obt- Signature type for probet have of registers is	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized b rida Statute	iy I	the corporation	oration submits this statement for the pon's board of directors. I hereby accept dwhen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ointment as	registered
12.	OFFICERS AI	ND DIRECTORS DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	COLLINS, DENNIS G	L Deceme	1.2 NAME					C Ottorigo	L. Radiilon
STREET ADORESS	4000 CARIEN OIDOI P		1.3 STREE		nubecc				
CHY-ST-7IP	MELBOURNE FL		1.4 CITY=						
TITLE	DS	DELETE	2 1 TITLE					Change	☐ Addition
NAME	COLLINS, KAREN		2 2 NAME		}				
STREET ADDRESS	1903 FABIEN CIRCLE		23 STREE	TΑ	NDORESS	t e e e e e e e e e e e e e e e e e e e			
CITY - ST - ZIP	MELBOURNE FL		2.4 CITY	- 57	r-zip		7.1		
TITLE	DV DELETE							Change	Addition Addition
NAME	PANDO, DONALD J JR		3.2 NAME						
STREET ADDRESS			3 3 STREE	T A	ADDRESS	•			
C(TY - S1 - ZIP	MELBOURNE FL			*****	r-ZIP ·			T'T Chann	Lauren
TITLE	DT DANDO LICA A	☐ DELETE	4.1 TITLE					Change	Addition
NAME	PANDO, LISA A 1910 FABIEN CIRCLE		4 2 NAMI		, barses				
STREET ADDRESS	MELBOURNE FL		4 3 STREE		1				
CITY - ST - ZIP TITLE	MELBOORIAE I L	DELETE	4.4 City-		- ZIP			Change	Addition
NAME		L Section	5.2 NAME						riddinon
STREET ADDRESS			5.3 STREE		unnbeec				
CITY-S1-ZiP								*	
THILE			6.1 TITLE	5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition
NAME		Name of the Control o	6.2 NAME			•		v	
STREET ADDRESS			6.3 STREE		ADDRESS				
CITY-SF-7-P			6.4 CITY -						
14. I do her	eby certify that the information supplies	ed with this filing does not qualif	v for the ex	en	notion stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informat Lamian	non indicated on this only all report or officer or director of the corporation i	supplemental appeal report is to or the receiver or trustee empow	rue and acc ered to exe	CU	rate and that ute this report	my signature shall have the same lega as required by Chapter 607, Florida S	i ettect as Itatutes; a	ir made un nd that my i	der oath; that name