

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

FILED

Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000038893 (1)**

1. Corporation Name

D & D ENTERPRISES OF BREVARD, INC.

Principal Place of Business

**1910 FABIEN CIRCLE
MELBOURNE FL 32940**

Mailing Address

**1910 FABIEN CIRCLE
MELBOURNE FL 32940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1903 FABIEN CIRCLE		05/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3242398	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 MELBOURNE, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 32940		30 BREVARD	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

~~**COLLINS, DENNIS G
1903 FABIEN CIRCLE
MELBOURNE FL 32940**~~

10. Name and Address of New Registered Agent

81 Name **DONALD J. PANDO JR**
82 Street Address (P.O. Box Number is Not Acceptable)
1910 FABIEN CIRCLE
83 **MELBOURNE**
84 City

FL 85 Zip Code **32940**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, DENNIS G			1.2 NAME			
STREET ADDRESS	1903 FABIEN CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, KAREN			2.2 NAME			
STREET ADDRESS	1903 FABIEN CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	D/P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PANDO, DONALD J JR			3.2 NAME			
STREET ADDRESS	1910 FABIEN CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DAT/SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PANDO, LISA A			4.2 NAME			
STREET ADDRESS	1910 FABIEN CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:

[Signature]

1-9-98

407-255-2267

CR2E034 (10/97)