

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000049253 (5)**

1. Corporation Name

DD MANAGEMENT ENTERPRISES, INC.



Principal Place of Business

**754 S. ORLANDO AVE., APT. 201
COCOA BEACH FL 32931**

Mailing Address

**754 S. ORLANDO AVE., APT. 201
COCOA BEACH FL 32931**

2. Principal Place of Business

21 **5055 South A1A Hwy**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P O Box 487**

Suite, Apt. #, etc.

22 City & State

23 **Melbourne Beach, FL**

Zip

24 **32951**

Country

25 **USA**

City & State

28 **Manuel NY**

Zip

29 **10954**

Country

30 **USA**

3. Name and Address of Current Registered Agent

MITTS, TIMOTHY

**754 S. ORLANDO AVE., APT. 201
COCOA BEACH FL 32931**

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 607.0302 and 607.1506, 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 607.0509, Florida Statutes.

SIGNATURE

Fred Devoto

Signature of Registered Agent or Officer or Director (Typed or Printed Name)

Date of Signature

3-25-96

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DEVOTO, FRED	
STREET ADDRESS	754 S. ORLANDO AVE., APT. 201	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Fred Devoto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

Date

407-728-7019

Telephone Number

CR2E034 (12/95)