SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1997		DI	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Par House ()	
DOCUMENT # P94000049253 (5) DD MANAGEMENT ENTERPRISES, INC.					97 NOV 2	KY OF STATE SEE FLORIDA
Principal Plac		Mailing Addr				
5055 SOUTH A1A HWY MELBOURNE BEACH FL 32951 US		PO BOX 487 NANUET NY 1 US	NANUET NY 10954		REINSTATEM 3. Date Incorporated or Qualified	3a. Date of Last Report
Sulte, Apt.		26. Mailing A 26 Suite, Apt			07/01/1994 4. Ft I Number 13-3789413 5. Certificate of Status Desired	Applied for Not Applied for Not Applicable \$8.75 Additional Fee Required
City & Stat 23 Zip 24	Country 25	7ip	Cou	intry	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has pain Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent MITTS, TIMOTHY 754 S. ORLANDO AVE., APT. 201 COCOA BEACH FL 32931 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City						
11. Pursuant office or reagent. La	to the provisions of Sections 60 egistered agent, or both, in the or familiar with, and accept the	07.0502 and 607.1508, Ff ⊕ State of Horida, Such of ⊕ obligations of Section 6	lorida Statutes, the al nange was authorized 107,0505, Horida Stat	I pove-harned corp If by the corporati otes.	oralion submits this statement for the purion's board of directors. I hereby accept	irpose of changing its registered the appointment as registered
12.		ered agent and title a applicable	13. DELETÉ 1.1 TO		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE	754 S. ORLANDO AVE., A COCOA BEACH FL 3293	1		RELEADORESS TY-ST-712	200023i -12/09/9 *****750.	7452-3 7-01105-024 .00 ****750.00 Change Addition
NAME STREET ADORESS CITY-ST-21P			2. 4 CI	REEL ADDRESS 1Y-\$1-74F		
NAME STREET ADDRESS CITY-ST-ZIP	ı	L .J		ME RELL ADDRESS		L.1 Change E.] Addition
TITLE NAME STREET ADDRESS			DELETE 4.1 1111 4 2 NA			Change Addition
CITY-ST-ZIP TITLE NAME			DELETE 51 TITL 5.2 NA	ME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME						Change Addition
STREET ADDRESS				HEET ADDRESS		

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 outh, 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.