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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400061392

1. Corporation Name

DMDM ENTERPRISES, INC.

| Princip | al Place of Business |
|---------|----------------------|
| 160 N | UNIVERSITY DR |
| 1400 | CDDINGC CL 00074 |

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90014 025 ***150.00



| Principal Place of Business | | . М | ailing Address | | | | | | |
|--|---|----------|--|---------|--|---|-----------------------------------|-------------------------------------|--|
| 160 N UNIVERSITY DR ORAL SPRINGS FL 33071 | | | 2160 N UNIVERSITY DR CORAL SPRINGS FL 33071 | | ٤ | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed 08/19/1994 | | | |
| 2. Principal Place | of Business | 2a. | , Mailing Address | | | 4. FEI Number | | Applied For | |
| j i | | 26 | | | | 59-3272220 | | Not Applicable | |
| Suite, Apt. #, etc. | | 27 | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | | |
| City &-State | | | -City & State | | | 6 Election Gampaign Financing | \$F | 5.00 Mev Be | |
| | | 28 | , | | | Trust Fund Contribution | | dded to Fees | |
| Zip | Country | | Zip Country | | | 8. This corporation owes the current year Intangible | | | |
| a ' | | | 30 | | | Personal Property Tax. | ☐ Ye | s 🔲 No 🔃 | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| - · · · | | | | 81 | Name | | | | |
| KACHEL, DEAN 2160 N UNIVERSITY DR CORAL SPRINGS FL 33071 | | | | 82 | Street Addres | t Address (P.O. Box Number is Not Acceptable) | | | |
| | | | • | | | | | | |
| | | | | 84 | City | F | L 85 | Zip Code | |
| office or regis | ne provisions of Sections 607.05 stered agent, or both, in the State amiliar with, and accept the oblig | of Flori | da. Such change was authoriz | ed by ' | the corporation | ration submits this statement for the purpose 's board of directors. I hereby accept the app | of changi ointment | ing its registered as registered | |
| SIGNATURE | | | | 1.4 | | when reinstating) DATE | | | |
| | ature, typed or printed name of registered ago | | | | signature required v | ADDITIONS/CHANGES TO OFFICERS / | ND DID | ECTORS IN 12 | |
| 2 OFFICERS AND DIRECTORS 1 | | | | | | ADDITIONS/CHANGES TO OFFICERS / | AND DIKI | ECTORS IN IZ | |

☐ Addition DELETE 1.1 TITLE ☐ Change TITLE KACHEL, DEAN 1.2 NAME NAME 2160 N UNIVERSITY DR 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE KACHEL, MARY JANE ' 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2160 N UNIVERSITY DR **CORAL SPRINGS FL 33071** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE DT 3.2 NAME NAME KACHEL, MELISSA 2160 N UNIVERSITY DR 3.3 STREET ADORESS STREET ADDRESS CORAL SPRINGS FL 33071 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE DS 4. 2 NAME NAME KACHEL, DENISE 4.3 STREET ADDRESS 2160 N UNIVERSITY DR STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

CR2F034 (11/98