

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000033058 (5)

1. Corporation Name

DDB WEST PALM, INC.



Principal Place of Business

Mailing Address

11911 U.S. HIGHWAY ONE  
SUITE 308  
NORTH PALM BEACH FL 33408

11911 U.S. HIGHWAY ONE  
SUITE 308  
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18 WINDWARD ISLES

26 18 WINDWARD ISLES

4. FEI Number

65-0597054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

22 City & State

27 City & State

23 PALM BCH GARDENS, FL

28 PALM BCH GARDENS, FL

24 Zip

25 Country

29 Zip

30 Country

32418

USA

33418

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

-COOK, ROBERT B EGO:  
-11911 U.S. HIGHWAY ONE  
-SUITE 308  
-NORTH PALM BEACH FL 33408

81 Name

PATRICK DERMEE

82 Street Address (P.O. Box Number is Not Acceptable)

18 WINDWARD ISLES

83 City

1

84 City

PALM BCH GARDENS FL

85 Zip Code

33418

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 typed or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME DIOP, ROBERT  
STREET ADDRESS 512 EAST TALL OAKS DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE

VICE-PRESIDENT

☒ Change ☐ Addition

TITLE ☒ DELETE

NAME DERMEE, PATRICK  
STREET ADDRESS 18 WINDWARD ISLES  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE

PRESIDENT

☒ Change ☐ Addition

TITLE ☒ DELETE

NAME BASSAISTEGUY, PIERRE  
STREET ADDRESS 2009 BRIDEWAY BLVD.  
CITY-ST-ZIP SAUSALITO CA 94965

3.1 TITLE

SECRETARY

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-96

CR2E034 (12/95)