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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000033058 (5)

DDB WEST PALM, INC.

FILED

Jun 06 1997 8:00am

Secretary of State

Principal Plac													
Principal Place of Business 48 WINDWARD 18LES PALM BCH GARDONS FL 88418 US Mailing Address 18 WINDWARD 18LES PALM BCH GARDONS FL 334					34TB-8042								
							04/24/1995				a. Date of Last Report 04/26/1996		
2. Principal f	h () 0 h ()	4, FEI Number				Applied For							
21 512		AKS DR.	26 5 2 € Suite, Apt		WHT OUR	> D	2 65-05	97054	. .			t Applicable	
Suite, Apt							Fee Required						
23 CHLM	City & State CH GARDENS, FL 28 PALM BCH GAR									\$5.00 May Be Added to Fees			
24 3341	Cour 25	ntry 1)<	20 3341	o	Country S		•	oration has lia	ability for in		tax under s. ∃No	199.032,	
24	g, Name and Add	Florida Statutes YSS No 10. Name and Address of New Registered Agent											
, DERMEE PATRICK 81 Name DIOD DOREDT													
7 18	82 Street	Addres	SS (P.O. BOX N	lumber is Not	Acceptabl	e) _ •							
P #		2 1	EAST	TALL	OAF	(5 1	SR.						
i					83							i	
				_	84 Cily	721	1 BEAC	H GAR	P. DEN	5 FL	85 37 8	770	
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.													
												1/2-	
SIGNATURE Signature, typed or prilled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											ppvo	447	
12.	17	OFFICERS AND D			13.	175.75		S/CHANGES	TO OFFICI				
TITLE	NOD DAREDT		Ц	DELETE	1.1 TIFLE	PKI	ESIDEN	, ,			Change	Addition	
NAME	DIOP, ROBERT 512 EAST TALL	UVKS UD			1.2 NAME	ĺ							
STREET ADDRESS	PALM BEACH G				1.3 STREET ADDRESS	226	410						
CITY-ST-ZIP	-P-	WIDEITO I E		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	35	110				Change	Addition	
NAME	-DERMEE: PATRIC)K ·	4		2.2 NAME	1							
STREET ADDRESS	46 14811014400 10150]	
CITY-ST-ZIP	PALM DEACH O				2.3 STREET ADDRESS 2.4 City+ST-Zip								
TITLE	8			DELETE	31 TITLE	t					Change	Addition	
NAME	BASSAISTEGUY,				3.2 NAME			•]	
STREET ADDRESS	2009 BRIDEWAY	BLVD.			3.3 STREET ADDRESS							ľ	
CITY-ST-ZIP	SAUSALITO CA			DELETC .	3.4. CITY - ST - ZIP	ļ					10.	1000	
TITLE	D	DALTU		DELETE	4.1 TATLE	}				ļ	Change	Addition	
NAME	LAVIELLE	TOUR	nucl An		4. 2 NAME	1							
STREET ADDRESS	SID EAST PALM BE	ACH / O	MKD UK.	E 220	4.3 STREET ADDRESS OI CITY-ST-ZIP								
CITY-ST-ZIP TITLE	HUPLI DE	nun UH.	K DEIVO	DELETE	5.1 TITLE	 					Change	Addition	
NAME			ت		5.2 NAME						ondingo		
STREET ADDRESS					5.3 STREET ADDRESS							į	
CITY-ST-ZIP	Harte Color	• •			5.4 City-St-Zip								
TITLE	A STATE OF THE STA		Ū.	DELETE	6.1 TITLE	1					Change	Addition	
NAME	6 x 16 x x x x x x x x x x x x x x x x x				6.2 NAME						-		
STREET ADDRESS	,				6.3 STREET ADDRESS								
CITY-ST-ZIP					64 CITY-ST-ZIP								
14 do here	by certify that the infor	mation supplied v	vith this filing doe	s not qualify	for the exemption s	stated i	n Section 119.	07(3)(i), Floric	la Statutes	. I further	certify that 1	lhe	

amain officer or director of the corporation in the receiver or trustee emport is true and accurate and that my signature shall have the same legal effect as it made under officer or director of the corporation 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 changes or on an attachment with an address.