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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500043136 (7)

DDM INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							T DØ DIJERU HE SOLOT EKIN D	and barin soin	BBAN BIBAN MIND		Birt ikat	
5900 TAMIAMI 1	TRAIL. UNIT M		9 TAMIAMI TRAIL, SUITE 130									
SARASOTA FL	34231	NORTH PORT FL 34287-27	31									
						3.	Date Incorporated or	Qualified	3a. Date o	f Last Re	eport	
						()5/31/1995		09/16/	1996		
	lace of Business	2a. Mailing Address				4.	FEI Number			Ap	plied For	
21		26					65-0582362				t Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.				5.	Certificate of Status I	Desired	\$	8.75 A Fee Re	Additional	
22 City & State	0	City & State								,	<u> </u>	
23		28					Election Campaign F Trust Fund Contributi	_		\$5.00 Added t		
Zip	Country	Zip	Cou	ntry								
24	25 29		30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
. 	9. Name and Address of Curren		11			10.	Name and Address	of New Re	gistered Age	nt		
JOH	NSON, KIRK J			81	Name							
	9 TAMIAMI TRAIL, SUITE 130			82	Street	Address (P.	O. Box Number is N	ol Acceptab	ile)			
NOR	TH PORT FL 34287					()						
				83								
				84	City				FL	5 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida, Such change was a	es, the a	oove	-named	corporation	submits this statem	ent for the p	urpose of ch	anging its	s registered	
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Fk	orida Sta	utes).	porumon 0 0		., 02, 2000,	or the appears		.09.0.0.0.	
SIGNATURE	Stocature Typed or protect cance of registered agos	(BIOT	C. Francisco	- 4		e required when			DATE			
12.	OFFICERS AND		13.	יו אירי	ric algitators		DDITIONS/CHANGE	S TO OFFIC		RECTOR	S IN 12	
Tille	PTD DELETE		1.1 1	TLE				<u></u>		Change	Addition	
NAME	JOHNSON, KIRK J		1.2 N	AME								
STREET ADDRESS	14949 TAMIAMI TRAIL, SUITE 1	30	1.3 \$	REET	ADDRESS							
CITY - \$1 - 71P	NORTH PORT FL 34287		1.4 C	TY-S	T-ZIP	,						
HILE	V	DELETE	2.1 TI	2.1 TITLE 2.2 NAME		y	7 74		X	Change	☐ Addition	
NAME	NATALIE, MICHAEL		2.2 N			Vit. p		Tail	Suite	130		
STREET ADDRESS	733 CRESTVIEW CIR		l l		ADDRESS	1444	J. Johns g Tamiami h Port Fa	1.00.1	~ 7			
CITY - ST - ZIF	PORT CHARLOTTE FL 33948	DELETE	2.4 C!T		ST-ZIP	North	n fort Pa	- 292	.8 /	01	1.100	
TITLE	S	DELETE	3.1 7			چ			X)	Change	Addition	
NAME	CANNATA, LAURIE		3.2 N.			KICK	J. Johns	Trail	ماندي	130)	
STREET ADDRESS	733 CRESTVIEW CIR		1		ADDRESS	1444	J. Johns Tamiami LPort F.	7 ~ M	187	-		
CITY - ST - ZiP TITLE	PORT CHARLOTTE FL 33948	DELETE			ST-ZIP	NOTT	h rect 1-	- 57	10 1	Change	Addition	
NAME			4, 2 h							Similifo	tand raddings	
STREET ADDRESS					ADDRESS							
CITY - ST - 7IP					T-ZIP	1						
TITLE		DELETE	5.1 T			 				Change	Addition	
NAME:			5.2 N	AME						•		
STREET ADDRESS			5.3 S	FRÉET	ADDRESS							
CITY - ST - ZIP					T-ZIP							
71111		☐ DELETE	6.1 T							Change	Addition	
NAME:			6.2 N	AME								
STREET ADDRESS			6.3 S	FREET	ADDRESS							
Crty+S1+ZIP					T-ZIP							
14 Ldo boro	by cortify that the information complies	t with this filing door not audi	fu for the	~×c	motion (ctated in Sec	ction 119 07/3\/ii\ Etc	otutet2 chis	o I further on	etile that	the	

information indicated on this annual report or supplied with this filling does not quality 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 changed, or or amplification by with an address.

SIGNATURE: