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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State D'VISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000047769 (1)

	DD AND GOOD ENTERPRIS	SES, INC	C. 							
Principal Place of Business Mailing Address							i redeinent ein inret beile 80(4) AL	III OOTEI GOIC		OOLO BALLO HELL FAUL
2600 E O Stuart (CEAN BLVD BLDG FF APT 15 FL 34996		2600 E OCEAN BLVD BLDG FF APT 15 Stuart FL 34996							
		······································					3. Date Incorporated or Qualified 06/16/1995	3a. Da	te of Last	Report
2. Principal F	Place of Business	₁	2a. Mailing Address				4. FEI Number	Applied For		Applied For
Suite, Apt	# etc	26	· 1				65-06007	62		Not Applicable
22	", o to.	27	Suite, Apt. #, etc				5. Certificate of Status Desired			5 Additional
City & Sta	te		Oily & State				6. Election Campaign Financing			Required
23		28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee			
— Zφ	Country		Zip	Co	untry		This corporation has liability for intangible tax under			
24	[25]	29		30			Florida Statutes 🔲 Yes	No.		2 100.00E,
	9. Name and Address of Curre	nt Regist	ered Agent			7	10. Name and Address of New R	egistered	Agent	
0000	DATING!				81	Name				
), PATRICIA G E Ocean dues didos es abel				82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
	e ocean blvd bldg ff apt 1 Rt fl 34996	15			83					
SIUN	ni rt 34890				63					
					84	City		p	85 2	Pip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607	1506 Florida Statu	tos tuo silvo		annad course	ation submits this statement for the pur d of directors. Thereby accept the appo	FL	<u> </u>	
CVONTATUTOR	Stratize speed a penter of ne of register claration of the OFFICE RS AN	ta dittera	finisher (fi	dlE Hogestons 13.	l Agen	Esghatum nepingi		DAT: CERS ANI	D DIRECT	ORS IN 12
NAME	GOOD, PATRICIA G		[] perele	1 17					☐ Change	Addition
STREET ADDRESS	2600 E OCEAN BLVD BLDO	FF API	T 15	128		ADDRESS				
CITY-ST-ZIP	STUART FL 34996		10		nce i					
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NAME				2 2 N	4ME				Onango	M VOOIL OIL
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NAME			[]] DELETE	4 1 7				[Change	☐ Addition
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NAME				5 2 N				Ĺ	Change	☐ Addition
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NAME				6.2 NA	MF					
STREET ADDRESS				63Sf	EEE L	ADDRESS				
CITY - ST - ZIP				6 4 CI	Y - S1	- ZIP				
oath; that	ly cerny that the information supplied in the information indicated on this annu. I am an officer or direction of the corpo in Block 12 or Block 15 if changed, or	Tan or I	na roceil ar ar trueta	oan report te o oor≢ oron	does s true ed to	not qualify for e and accurate o execute this	the exemption stated in Section 119.0 a and that my signature shall have the s report as required by Chapter 607, Flor	7(3)(k), Flo ame legal ida Statuti	rida Statur effect as it es, and tha	ies. I further i made under at niy namo

SIGNATURE:

MI DIRECTOR SEC. Masur 3-5.96