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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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POCUMENT	#	P95000089623	(9)

DDNY, INC.

7233 CENTRAL AVENUE	7233 CENTRAL AVENUE
Principal Place of Business	Mailing Address

FILED Apr 09 1997 8:00am Secretary of State



17233 CENTRAL AVENUE ST. PETERSBURG FL 33710		7233 CENTRAL AVENUE ST, PETERSBURG FL 337	10-7413					
					3. Date Incorporated or Qualified 11/22/1995	3a. Date	of Last 6 /1996	Report
2. Principal	Place of Business	2e, Mailing Address			4. FEI Number	<u> </u>	}	pplied For
1		[26]	···		59-3347258			ot Applicabl
Suite, Apl		Suite, Apt #, etc.	. , 18	·	5. Certificate of Status Desired		—	Additional lequired
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
<i>Z</i> ip]	Country (25)	Z(p 29	Country 30			Yes 🔲	No	s. 199.032,
	9. Name and Address of Cur				10. Name and Address of New Reg	platered A	gent	
ENC	Glander, Leonard S Esquii	RE	81	Name				
	9 CENTRAL AVENUE		82	Street Addr	ress (P.O. Box Number is Not Acceptable	le)		
	TE 201				······································			
ST.	PETERSBURG FL 33710		83					
			84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
			<u></u>			<u> </u>	<u> </u>	
agent. I IGNATURE	Signature dyneed or product name of registered	agent and title if applicable (NC)1E: Registered Ager		poration submits this statement for the pition's board of directors. I hereby acception when reinstating)	DATE		
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
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information indicated on this annual report or supplier with his filling does not qualify to the exemption state in 1950/15/10, richida Statutes. Further certain 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; the Lam 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 12 or Block or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

President

3/10/97

(813) 381-5757

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