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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000018528

PEREZ. SOCRATES O

2412 JOHN BAY DR

ORLANDO FL 32818

1. Corporation Name

DDOSS REALTY, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90002 025 ***150.00

| Principal Place of Business Mailing Address | | | | | | | | |
|--|--|--|--------------------------------|--|--|---|--------------------|--|
| 4848 KATHY JO TERRACE 4848 KATHY JO TERRACE | | | | | | | | |
| ORLANDO FI | L 32808 | ORLANDO FL 32808 | | | DO NOT WRITE IN THE | S SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 02/26/1996 | _ | İ | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Appli | ed For | |
| 21 | | 26 | | | 59-3363192 | Not / | Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | E Cortifonto of Status Desired | | \$8.75 Ad Fee Requ | | | |
| | City & State City & State | | | _ | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip Country | | | 8. This corporation owes the current year I | | _/ | |
| 24 | 25 | 29 30 | 0 | | Personal Property Tax. | | Mο | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registere | d Agent | | |
|) DE | EREZ. OSCAR SOCRATES | | 81 | Name | EREZ, GOCRATES | <u> </u> | | |
| 4848 KATHY JO TERRACE | | | | Street Address (P.O. Box Number is Not Acceptable) 24 2 JOHNO SAY | | | | |
| ORLANDO FL 32808 | | | 83 | | FIC JOHIU IDA O | | | |
| " | | | | | | | | |
| | | | | 84 City CIZLANDO FL 85 Zip Code 32818 | | | | |
| office o | ir registered agent, or both, in the St. | 0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth digations of, Section 607.0505, Florid | iorized by ti | -named corp he corporati | poration submits this statement for the purpose on's board of directors. I hereby accept the app | omaniem as rega | gistered stered | |
| SIGNATUR | e Oóciate | | 26511 | | Jan 2. | <u>। ५७७७ </u> | } | |
| | Signature, typed or printed name of registered | - agent end and a appropriate | | signature require | ed when reinstating) DATE | ND DIDECTOR | C IN 12 | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | F-Change | T Addition | |
| TITLE | D DODGAG M | C DELETE | | | - | _ * | | |
| NAME | PEREZ, DORCAS M | | 1.2 NAME | | 2412 JOHIO BAY DI | Z | - | |
| STREET ADDRE | | | 1.3 STREET | ADD/1233 | | | | |
| CITY-ST-ZIP | ORLANDO FL 32818 | | 1.4 CITY-ST- | -ZIP | | Change | Addition | |
| TITLE | n | ☐ DELETE | 2.1 TITLE | 1 | | orenige | | |

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

DELETE

□ DELETE

DELETE

2.3 STREET ADORESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

 STREET ADDRESS
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 CITY-ST-ZIP
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 ITILE
 DELETE
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 NAME
 6.2 NAME

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 6.3 STREET ADDRESS

 CITY-ST-ZIP
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan. 2.1998

2412 JOHIO Bay Dr.

407) 426-5220 Daytime Phone #

Change

☐ Change

☐ Change

☐ Addition

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☐ Addition