

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

0148149

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90021 035 \*\*\*150.00

DOCUMENT # **P97000062093**

1. Corporation Name  
**DDR ENTERPRISE, INC.**



Principal Place of Business  
**15835 NW 10TH STREET  
PEMBROKE PINES FL 33028**

Mailing Address  
**15835 NW 10TH STREET  
PEMBROKE PINES FL 33028**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/17/1997**

4. FEI Number

**65-0768209**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **5837 SW 21st,**

Suite, Apt. #, etc.

22 City & State

23 **Hollywood**

24 **Fla**

Country

25 **33023**

Zip

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28 **Hollywood**

29 **Fla**

Country

30 **33023**

Zip

9. Name and Address of Current Registered Agent

**MURRAY, DELPHINE  
15835 NW 10TH STREET  
PEMBROKE PINES FL 33028**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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.

SIGNATURE

**Delphine Murray**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MURRAY, DELPHINE**  
STREET ADDRESS **15835 NW 10TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ DELETE  
NAME **MARTIN, DONOVAN**  
STREET ADDRESS **15835 NW 10TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, RASHAUN**  
STREET ADDRESS **15835 NW 10TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**Delphine Murray**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-99**

CR2E034 (1/98)