Feb 26, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000529

D. & D. PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address						MIII 68111 64111		
12780 59TH STREET NORTH	12780 59TH STREET NOR	TH							
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33		33411				DO NOT WR	ITE IN TUIC	SDACE	
					3. Date Incorpora			SFACE	
					01/02/1998			1:-T	
2. Principal Place of Business	2a. Mailing Address 26				4. FEI Number 65 - 68 1	1781			pplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of S	tatus Desired		• -	Additional equired
City & State	City & State				6. Election Camp	aign Financing		\$5.00	May Be
23	28				Trust Fund Co	ntribution		Added	to Fees
Zip Country	Zip	Cou	intry		8. This corporation	on owes the cu	rent year Int	angible	\document
24 25	29	30			Personal Prop	erty Tax.		Yes	No
9. Name and Address of Current	t Registered Agent		L,		10. Name and Ad	dress of New	Registered	Agent	
			81	Name			•		
Dennard, Drenda D 12780 59th Street North			82	Street Add	dress (P.O. Box Number	er is Not Accep	table)		
ROYAL PALM BEACH FL 33411			83						
			84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	2 and 607.1508, Florida Statu	tes, the a	bove-	named co	rporation submits this s	tatement for the	purpose of	changing it ntment as r	s registered egistered
agent. I am familiar with, and accept the obligat SIGNATURE	tions of, Section 607.0505, Fig	onda Stat	utes.		·				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

D. DENNARL 1/26/99 561-795-5177