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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000084060**

D & D HOLDINGS, INC.

Principal Place	e of Business	Mailing Address				* 110811001(11010	19151 98311 88111 88111 9	· 	
318 INDIAN TRA	ACE	318 INDIAN TRACE			<del></del>			<del>```</del>	
SUITE 314		SUITE 314 WESTON FL 33326			DO NOT WRITE IN THIS SPACE				
WESTON FL 33326 WESTON FL 3		WESTON FE 33320	rL 33326			3. Date Incorporated or Qualifed			
						09/29/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			•	4. FEI Number		. Apr	olied For
21		26				45-086	68204	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	\$8.75 A	
22		27				5. Octulodic of olditos		Fee Rec	<del>`</del>
City & State	e	City & State				6. Election Campaign		\$5.00	
23		28		· · · · · · · · ·		Trust Fund Contribu		Added to	Fees
Zip —	Country	Zip	F1	ountry		This corporation ov     Personal Property		r intangible ☐ Yes	
24	9. Name and Address of Curre	29 29 Agent	30			10. Name and Addres			<del></del>
	9. Name and Address of Corre	int Neglatered Agent		81	Name				
DISG	EDIERTT, DANIEL								
	INDIAN TRACE			82	Street Add	Iress (P.O. Box Number is I	Not Acceptable)		
SUIT	E 314			83	<del></del>	-			
, WES	TON FL 33326							- Jan 1 75 o	\
				84	City			FL 85 Zip C	ode
					l			<del></del>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the	e above	e-named cor	poration submits this stater	nent for the purpos	e of changing its	registered
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida State of Florida, Such change was lations of Section 607.0505.	tutes, the s authori Florida S	e above zed by tatutes	e-named corr the corporati	poration submits this stater ion's board of directors. I h	nent for the purpos ereby accept the a	e of changing its ppointment as reg	registered gistered
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	502 and 607.1508, Florida Star e of Florida. Such change was pations of, Section 607.0505, F	tutes, the authori lorida S	e above zed by tatutes	 e-named corp the corporati	poration submits this stater ion's board of directors. I h	nent for the purpos ereby accept the a	e of changing its ppointment as reg	registered gistered
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, F	-ionoa S	lalules		ed when reinstating)	DATE	· .	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS