

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

00 FEB 10 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107827

1. Corporation Name  
DDC FLORIDA DEVELOPMENT, INC.

Principal Place of Business  
10333 EAST DRY CREEK ROAD #450  
ENGLEWOOD CO 80112

Mailing Address  
10333 EAST DRY CREEK ROAD #450  
ENGLEWOOD CO 80112



REINSTATEMENT 99-50

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

12/29/1998

4. FEI Number

84-1483916

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 Lori Castaneda Lori Castaneda Assistant Vice President 2-7-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

1.1 TITLE

P/D

☐ Change

☒ Addition

1.2 NAME

John B. Platt, III

1.3 STREET ADDRESS

26 W. Micheltorena Street

1.4 CITY-ST-ZIP

Santa Barbara, CA 93101-2527

☐ DELETE

2.1 TITLE

T/S

☐ Change

☒ Addition

2.2 NAME

Charles S. Peck

2.3 STREET ADDRESS

10333 East Dry Creek Rd.,

2.4 CITY-ST-ZIP

Englewood, CO 80112

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

300003132753--6  
-02/11/00--01040--023

\*\*\*\*150.00 \*\*\*\*150.00  
Change Addition

LS

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

300003132753--6  
-02/11/00--01040--024

\*\*\*\*750.00 \*\*\*\*750.00  
Change Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: Charles S. Peck SIGNATURE REQUIRED

10/13/99 303-268-6801

CR2E034 (5/99)