

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

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**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 407681 (6)

1. Corporation Name
DUDA INDUSTRIES, INC.



Principal Place of Business P.O. BOX 620257 OVIEDO FL 32762-0257 US	Mailing Address P.O. BOX 620257 OVIEDO FL 32762-0257 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1972	3a. Date of Last Report 03/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1424021		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIVINGSTON CALVIN J HWY 426 OVIEDO FL 32765				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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, ANDREW L.	1.2 NAME	
STREET ADDRESS	HIGHWAY 426	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, EDWARD	2.2 NAME	
STREET ADDRESS	HIGHWAY 426	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, CALVIN J	3.2 NAME	
STREET ADDRESS	HWY 426	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, FERDINAND S.	4.2 NAME	
STREET ADDRESS	HIGHWAY 426	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, CHARLES L.	5.2 NAME	DV
STREET ADDRESS	HIGHWAY 426	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, WALTER A.	6.2 NAME	
STREET ADDRESS	HIGHWAY 426	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	

14. I do 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 _____ DATE **3/11/97** (407) 365-2111

CR2E034 (9/96)

DUDA INDUSTRIES, INC.

Federal I.D. No. 59-1424021

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
CASEY, Joseph F.	Treasurer	1975 W. State Road 426	Oviedo FL 32765

sd/DudaIn97