

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/28/1972	
4. FEI Number 59-1424021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**LIVINGSTON CALVIN J
 HWY 426
 OVIEDO FL 32765**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	DUDA, ANDREW L.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DUDA, EDWARD	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CALVIN J	
STREET ADDRESS	HWY 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUDA, FERDINAND S.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ASHLEY, CHARLES L.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUDA, WALTER A.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV
5.3 STREET ADDRESS	Graf, Donald L.
5.4 CITY-ST-ZIP	1975 W. State Road 426 Oviedo, FL, 32765
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Donald L. Graf* Donald L. Graf 4/17/98 (407)365-2111

CR2E034 (10/97)

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
CHAPMAN, Tracy Duda	Asst. Secy.	1975 W. State Road 426	Oviedo FL 32765