

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90047 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L75106**

1. Corporation Name  
**JOSEPH NUDELMAN INC.**



Principal Place of Business 5355 TOWN CENTER ROAD SUITE 704 BOCA RATON FL 33486	<i>NEW ADDRESS</i>	Mailing Address 5355 TOWN CENTER ROAD SUITE 704 BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1351 SNOWGRASS CORP PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 1351 SNOWGRASS CORP PKWY Suite, Apt. #, etc.	4. FEI Number 65-0202679	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State SUNRISE, FL.	28 City & State SUNRISE, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33323-2813	25 Country BROWARD	29 Zip 33323-2813	30 Country BROWARD

3. Date Incorporated or Qualified 05/23/1990
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

NUDELMAN, JOSEPH  
5355 TOWN CENTER ROAD  
SUITE 704  
BOCA RATON FL 33486

*SEE NEW ADDRESS* →

10. Name and Address of New Registered Agent

81 Name JOSEPH NUDELMAN
82 Street Address (P.O. Box Number is Not Acceptable) 1351 SNOWGRASS CORP PKWY.
83
84 City SUNRISE
85 Zip Code FL 33323-2813

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NUDELMAN, JOSEPH	
STREET ADDRESS	5355 TOWN CT RD #704	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NUDELMAN, NORMA	
STREET ADDRESS	5355 TOWN CTR RD. #704	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input 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	<input 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 2/25/95 954-835-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)