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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058127 (8)

D. BUDNER & ASSOCIATES, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Addr	Mailing Address									
8177 W GLADI	ES ROAD #219	8177 W GLA	8177 W GLADES ROAD #219									
BOCA RATON	FL 33434	BOCA RATO	BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified					
								eo or Qualitieu				Ì
							07/25/1995			- 1	1.	Lad Fau
_2. Principal Pla	ace of Business	— ·	2a. Mailing Address				4, FEI Number	_				lied For
21		26]					65-060368	5		***		Applicable
Suite, Apt. 6	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Sta	tus Desired		— —		iditional
22		27									e Req	
City & State	•	City & Sta	City & State				Election Campa	-	_			lay 8e
23		28	<u> </u>				Trust Fund Cont				ded to	
Zip	Country	Zip	├ ─			8. This corporation owes or has paid the current year Intang						
24	25	29	3:	0			Personal Proper			Yes		No
	g, Name and Address of Curre	ent Registered Age	nt				10. Name and Add	ress of New H	egistered A	gent		
BUIC	DNER, MORDECHAI			81	Ni	ame						
8177 W GLADES ROAD #219					82 Street Address (P.O. Box Number is Not Acceptable)							
4	CA RATON FL 33434			or otion addition			ss (i .c. box rumbo.		,			
	DATINION IE 00101			83								
				إييا	<u> </u>			 		T=- T	7:- ^	
				84	C	ity			FL	85	Zip C	ode
dd Durnungt t	to the provisions of Sections 607.05	02 and 607 1508 E	lorida Statutas	the ebove	<u> </u>	med cornor	ration submits this sta	stement for the		changi	na its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such o	hange was au	thorized by	y the	corporation	n's board of directors	. I hereby acce	pt the app	ointmer	t as r	gistered
agent. I ar	m familiar with, and accept the obli-	gations of, Section (507.0505, Flori	da Statutes	S.							1
SIGNATURE .							when reinstating)		DATE			—— I
	Signature typed or printed harne of registered a	ND DIRECTORS	(NOTE: F	13.	ein ed	prieture required	ADDITIONS/CHA	NGES TO OFFI		DIREC	TORS	IN 12
12.	PD OFFICERS A		DELETE	1.1 TITLE			ADDITIONS/OFIA	AGEO TO OTT	OLIIO741D	Cha		Addition
	· -	_) Occur	1.2 NAME								
NAME	BUDNER, DORIS											1
STREET ADDRESS	8177 W GLADES ROAD #2	צו		1.3 STREET								
CITY - ST - ZIP	BOCA RATON FL 33434	·	7	1.4 CITY-S	ST - ZH	P				Cha		☐ Addition
TITLE	VSTD	L.] DELETE	21 TITLE						ш сла	nge	L ADDITION
HAME	BUDNER, MORDECHAI			2.2 NAME								
STREET ADDRESS	8177 W GLADES ROAD #2	19		2.3 STREET	ADD	RESS			•			
CITY-ST-ZIP	BOCA RATON FL 33434			2.4 CITY-	ST-ZI	IP.						
TITLE		L	DELETE	3.1 TITLE						☐ Cha	nge	☐ Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREET	T ADD	RESS						
CITY-ST-ZIP				3.4. CITY-5	ST-71	IP						j
TITLE			DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·			Cha	inge	Addition
NAME		_		4. 2 NAME								ļ
STREET ADDRESS				4.3 STREET		RESS						
				4.4 CITY-S								
CITY-ST-ZIP		Г	DELETE	5.1 TITLE	⊅1 - Zk	' 				☐ Cha	nge	Addition
TITLE		L	_ Detert	1								
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET								
CITY-ST-ZIP			100,000	5.4 CITY-S	ST - ZI	Р				T AL-		Addition
TITLE		L	DELETE	6.1 TITLE						Cha	mge	Addition
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREET	T ADO	RESS						
CITY-ST-ZIP				6.4 CITY-S	ST-ZI	Р						

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 informatio 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.