FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		elary of State F CORPORATIONS		
DOCUI	MENT # 44302	1 (1)			
•	RUDOLPH, INC.	• •			
0,11 0 .	(1000ci ii) ii(o		•	# 1 0 3 416 010 11 0 3000 3161 00110 3160	
Principa' Place	of Business	Mailing Address			
200 SOUTH HOOVER STREET BLDG 205			etocci		
		200 South Hoover Street BLDG 205			
TAMPA FL 33	1609	TAMPA FL 33609		3. Date Incorporated or Qualified	3a. Date of Last Report
		y-		12/31/1973	05/01/1995
2. Principal Pli 21	ace of Business	2a. Mailing Address 26		4. FEE Number 16-0916681	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Orty & State	•	Orty & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30]	8. This corporation has liability for Florida Statutes X 1 Yes	Intangible tax under s=199,032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New F	
			81 Nanie		
	H, RONALD J.		82 Street Add	dress (P.O. Box Number is Not Acceptat	yle)
	RINER SQUARE JTH HOOVER STREET		83		
	FL 33609				
17 4711 71 1	£ 00000		84 City		FiL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named corpx	pration submits this statement for the pu	and a share in the social section of the section of
familiar wit	h, and accept the obligations of, Section	ia: Such change was authori on 607,0505, Florida Statute	zed by the corporation's books.	ard of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	Skjulature, typled or printed name of registered against	of constant of the constant of	and the second of the second o		
12.	OFFICERS AND		Offic Registered Agent signal we require 13.	ADDITIONS/CHANGES TO OFF	OATE ICERS AND DIRECTORS IN 12
TilleF	D	DELETE	1. 1 TOLE		Change Addition
NAME	RUDOLPH, (JAY B.)		1.2 NAME		
STREET ADDRESS	100 SANDS POINT 115		1.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	LONG BOAT KEY FL	E De ete	14 CHY+S1-ZIP		
NAME :	PTD RUDOLPH, RICHARD A	☐ DELFTE	2 1 THLE		Change C Addition
STREET ADDRESS	4911 BAY WAY PLACE		2.2 NAME 2.3 STREET ADDRESS		
CITY-S1-7IP	TAMPA FL		2.4 C-TY-ST-Z-P		1
Title	CD	[] DELETE	3 1 TTLF		Change Addition
NAME	RUDOLPH, RONALD J		3.2 NAME		
STREET ADDRESS	11711 PHOÈNIX CIRCLE		3.3 STREET ADDRESS		
CITY - S7 - ZIP	TAMPA FL	Florite	3 4 CHY-ST-7IP		
TIFLE NAME	s Garda, Peter M.	☐ DELETE	4. 1 TITLE		Change C Addition
STREET ADDRESS	14070 WHISPERWOOD DR.		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.3 STREET ADURESS		
TITLE	***************************************	☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		_
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		Doctor	5.4 C(TY-ST-7)P		
THILE NAME		☐ DELETE	6 1 117(F		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
0:1Y-SI- Z:P			6 4 CITY - ST - ZIF		
	certify that the information supplied w	ith this filing is voluntarily fun	nished and does not qualify	for the exemption stated in Section 119.	07(3)(k), 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 changes, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

813/286-8888

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