

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

FILED

May 12 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 # 478957 (4)

1. Corporation Name  
RUDY'S CLOVER BAR, INC.

Principal Place of Business 3635 N. ANDREWS AVENUE FT LAUDERDALE FL 33309	Mailing Address 3635 N. ANDREWS AVENUE FT LAUDERDALE FL 33309-5221
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1975		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1605987		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RUDIS, MATHILDE 3635 N. ANDREWS AVE. FT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
81	Name CAROL QUINN			82	Street Address (P.O. Box Number is Not Acceptable) 3635 N. ANDREWS AVENUE		
83				84	City FT. LAUDERDALE	85	Zip Code 33309

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: Carol Quinn CAROL QUINN 4/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COSTELLO-RUDIS, LINDA		1.2 NAME				
STREET ADDRESS	3635 NORTH ANDREWS AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	SDY	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUINN, CAROL		2.2 NAME	PRESIDENT			
STREET ADDRESS	3635 NORTH ANDREWS AVENUE		2.3 STREET ADDRESS	QUINN, CAROL			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	3635 North Andrews Ave			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUDIS, MATHILDE		3.2 NAME				
STREET ADDRESS	3635 NORTH ANDREWS AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: Carol Quinn CAROL L. QUINN 4/29/97 (954) 564-9309

CR2E034 (9/96)