

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590236 (6)

CUDA PRODUCTS CORPORATION



Principal Place of Business

6000 POWERS AVENUE JACKSONVILLE FL 32217

Mailing Address

6000 POWERS AVENUE JACKSONVILLE FL 32217

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

CUDA, JOSEPH
6000 POWERS AVE.
JACKSONVILLE, FLORIDA D 32217

3. Date Incorporated or Qualified

10/17/1978

3a. Date of Last Report

02/07/1995

4. FEI Number

59-1853226

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

35

Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0607, Florida Statutes.

SIGNATURE

Name and Address of Officer or Director

Title, Position and Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, STATE, ZIP	<input type="checkbox"/> DELETE
PD	CUDA, JOSEPH	7020 EPPING FOREST TERR.	JACKSONVILLE FL	<input type="checkbox"/>
SD	CUDA, LUCY	7020 EPPING FOREST TERR.	JACKSONVILLE FL	<input type="checkbox"/>
VT	CUDA, LUCY	7020 EPPING FOREST TERR.	JAX, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, STATE, ZIP	13.5 TITLE	13.6 NAME	13.7 STREET ADDRESS	13.8 CITY, STATE, ZIP	13.9 TITLE	13.10 NAME	13.11 STREET ADDRESS	13.12 CITY, STATE, ZIP	13.13 TITLE	13.14 NAME	13.15 STREET ADDRESS	13.16 CITY, STATE, ZIP
				<input type="checkbox"/> Change				<input type="checkbox"/> Addition							
				<input type="checkbox"/> Change				<input type="checkbox"/> Addition							
				<input type="checkbox"/> Change				<input type="checkbox"/> Addition							
				<input type="checkbox"/> Change				<input type="checkbox"/> Addition							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 change of name or address with an address.

SIGNATURE:

Joseph CUDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH CUDA, PD/CO

1.17.96 904 737 7611
DATE AND PHONE NUMBER

CR2E034 (12/95)