

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 590236

1. Corporation Name
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

FL 85 Zip Code

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

Joseph Cuda
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature requires telephone verification)

DATE

1.26.99

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	CUDA, JOSEPH	
STREET ADDRESS	7020 EPPING FOREST TERR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	[] DELETE
NAME	CUDA, LUCY	
STREET ADDRESS	7020 EPPING FOREST TERR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	[] DELETE
NAME	CUDA, LUCY	
STREET ADDRESS	7020 EPPING FOREST TERR.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002770796--1
 -02/09/99--01133--005
 ****150.00 ****150.00
 [] Change [] Addition

25-99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1978
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 owes the current year Intangible Personal Property Tax [] Yes [] No
10. Name and Address of New Registered Agent

99 FEB - 5 PM 12:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Joseph Cuda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

2.2.99

0038264

CR2E034 (11/98)