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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626782

(7)

HUDEC ENTERPRISES, INC.

FILED May 04 1998 8:00am Secretary of State

290 SUGAR	ce of Business SAND TR. A BEACH FL 32168	Mailing Address 280 SUGAR SAND TR STE 314 NEW SMYRNA BEACH FL US	32168	DO NOT WRITE I	N THIS SPACE
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 295	SUGAR SAND TR.	26 295 SUGAR	BLUD TR.	59-1921196	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State		6, Election Campaign Financing	\$5.00 May Be
23 NBW	SNYRHA BEARH, FLA	28 NEW SMYRNA	BEACH FLA	1	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24 321	48 25 USA		00 USA	Personal Property Tax due June 3	30. Yes No
	9, Name and Address of Current IDEC, EDWARD J	Registered Agent	81 Name	10. Name and Address of New Reg	latered Agent
NE	0 Sug ar sand Tr. I w Sm yrna Beach Fl 32168		83 29 84 City	u snyrua realti	TR. 85 Zip Code 32168
office or a agent. I a	to the provisions of Sections 607 0502 registered agent, or both, in the State of minimum familiar with, and accept the obligat		s, the above-named inhorized by the corpida Statutes. Registered Agent signature	corporation submits this statement for the puriod or statement for the puriod of directors. I hereby accept accept the puriod when reinstating	rpose of changing its registered the appointment as registered DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	HUDEC, EDWARD J.R.		1.2 NAME		
STREET ADDRESS	290 SUGAR SAND TR.		1.3 STREET ADDRESS	295 SUGAR SAND T	R.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	The same	1.4 CITY+ST-ZIP	hen shyrna beach,	FIA.
TITLE	MIDEC GAIL C	DELET e	2.1 TITLE	60	Change Addition
NAME	HUDEC, GAIL C. 1728 WILLOW OAK DR		2.2 NAME	WINBIGLER, GAIL C.	
STREET ADDRESS	EDGEWATER FL		2.3 STREET ADDRESS	ITZB WILLOW OAK DR.	
CITY-ST-ZIP	VD VD	Delete	2. 4 CITY-S1-ZIP	BOGEWATER, FLA	
TITLE	HUDEC, ROBERT A.	L) DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3 RENWICH COURT		3.2 NAME		
STREET ADDRESS	ROCKVILLE MD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TD	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE	HUDEC, SUSAN	F-1 DECEME	4.1 TITLE		Change Addition
NAME ATTES ADDRESS	3 RENWICH COURT		4. 2 NAME		
STREET ADDRESS	ROCKVILLE MD		4.3 STREET ADDRESS		
CITY-ST-ZIP	THOUNTILLE MU	☐ DELET E	4.4 CITY-ST-ZIP		Chapes Addition
TITLE		□ DETEIF	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

STREET ADDRESS

CITY-ST-ZIP

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 information indicated on this annual report or supplientental arrival report is frue 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 furction employeed 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 attactment with an address.