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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700048 (2)

1. Corporation Name
SUBUD-FLORIDA INC

Principal Place of Business	Mailing Address
3826 HIGHGATE DRIVE VALRICO FL 33594	3826 HIGHGATE DRIVE VALRICO FL 33594-5306

3. Date Incorporated or Qualified: 10/12/1959
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1695097 ☐ 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

9. Name and Address of Current Registered Agent

LARSON, RONALD E.
3826 HIGHGATE DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☒ Addition
NAME	MAYBERRY, RICHARD		1.2 NAME	RUSLAN MOORE	
STREET ADDRESS	976A E MICHIGAN ST		1.3 STREET ADDRESS	3680 N 56th AVE. #836	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Hollywood, FL 33021-2277	
TITLE	VCD	☒ DELETE	2.1 TITLE	VCD	☒ Change ☒ Addition
NAME	BUSCH, BERTINA		2.2 NAME	NURAISJAH Holland	
STREET ADDRESS	6012 BEAU LN		2.3 STREET ADDRESS	4791 SW 82nd AVE. #2	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	DAVIE, FL 33328-3728	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOONTZ, JONATHAN		3.2 NAME		
STREET ADDRESS	1406 TROPICAL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JAHODA, RUTH		4.2 NAME		
STREET ADDRESS	5480 N. OCEAN DRIVE #83A		4.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME	ROCCOFORTE, HEINRICH		5.2 NAME	SIMON BINNIE	
STREET ADDRESS	2520 W. NORTH STREET		5.3 STREET ADDRESS	98 HICKORY Hill Rd	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TEQUESTA, FL 33469-2121	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, RONALD E.		6.2 NAME		
STREET ADDRESS	3826 HIGHGATE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald E. Larson Ronald E. Larson 2/3/97 818-974-5944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046644