## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

700048

SUBUD-FLORIDA INC

0000							
Principal Place of Business		Mailing Address					TERN BURNY BURNA BURNA BURNY BURNY BURNY KARA
3826 HIGHGATE DRIVE		3826 HIGHGATE DRIVE				Date Incorporated or Qualified	
VALRICO FL 33	3594	VALRICO FL 33594				10/12/1959	
•						4. FEI Number	Applied For
						59-1695097	Not Applicable
<del></del> 1	lace of Business	2a. Mailing Address				5. Certificate of Status Desired	S8.75 Additional
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	Fee Required
22		27				Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State				7. Is this nonprofit corporation a ho	meowners association?
23		28					Yes X No
Zip	Country	Zip	—	intry		8. This corporation owes or has pa	
24	9. Name and Address of Curre	29  nt Registered Agent	30	···		Personal Property Tax due June  10. Name and Address of New Re	
				B1 N	Name		
LARSON	I, RONALD E.			82 5	Stroot Addr	ess (P.O. Box Number is Not Acceptab	Je)
3826 HIGHGATE DRIVE				02 3	street Adol	ess (P.O. Box Number is Not Acceptab	18)
	FL 33594			83			
				84 (	ity		85 Zip Code
							FL
11. Pursuant office or r	to the provisions of Sections 617,050 ealstered agent, or both, in the State	)2 and 617,1508, Florida Statu e of Florida, Such change was	utes, the at authorize	bove-n d bv th	amed corp e corporat	poration submits this statement for the prior is board of directors. I hereby accert	urpose of changing its registered at the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	utes		ion's board of directors. I hereby accep	
SIGNATURE .		And the second s	T. 5	4.4			
12.	Signature, typed or printed name of registered ag-	ent and tille it applicable. (NO ID DIRECTORS	13.	3 Agent s	ignature requir	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	PRS AND DIRECTORS IN 12
TITLE	CO	DELETE	1.1 10	TLE	- Ca		Change Addition
NAME	MOORE, RUSLAN		1.2 N/	AME	Po	SLAN MOORE 101 Shenidan st. A 1014WWW FL 3802	
STREET ADDRESS	3680 N 56TH AVE #836		1.3 ST	reet adi	DRESS CAL	IN ShanidAN St. A	!ZZ6
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-2	IP 7	WILLIAM FL 3507.	1
TITLE	VCD	DELETE	2.1 10	TLE		7	Change Addition
NAME	HOLLAND, NORAISJAH		2.2 NA	<b>ME</b>			
STREET ADDRESS	4791 SW 82NO AVE #2		2.3 ST	REET ADI	ORESS		
CITY-ST-ZIP	DAVIE FL		2.40	ITY-ST-7	SIP		
TITLE	D	DELETE	3.1 TI	TLE			Change Addition
NAME	Koontz, Jonathan		3.2 NA	ME			
STREET ADDRESS	1406 TROPICAL DRIVE		3.3 ST	REET ADO	DRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4. C	MY-ST-Z	MP.		
TITLE	TD	☐ DELETE	4.1 TI3	ILE			Change Addition
NAME	JAHODA, RUTH		4. 2 N	AME			
STREET ADDRESS	5480 N. OCEAN DRIVE #B3A	1	4.3 ST	REET ADD	PRESS		
CITY-ST-ZIP	SINGER ISLAND FL			TY-\$T-Z	IP		
TITLE	D annue annan	DELETE	5.1 TIT				Change Addition
NAME	BINNIE, SIMON		5.2 NA				
STREET ADDRESS	98 HICKORY HILL RD			REET ADD	1		
CITY-ST-ZIP	TEQUESTA FL	- December	_	TY - ST - ZI	P		Do- Flam
TITLE	D	☐ DELETE	6.1 111				Change Addition
NAME	LARSON, RONALD E.		6.2 NA				
STREET ADDRESS	3826 HIGHGATE DRIVE			REET ADD			
CITY-ST-ZIP	VALRICO FL		6.4 CI	ry - Sî - Zi	Р		

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 supplementary 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 or an attachment with an address.

**FILED** 

Feb 05 1998 8:00am

Secretary of State