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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **700048**

1. Corporation Name
SUBUD-FLORIDA INC

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/12/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1695097 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Ronald E. Larson, CO 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CO	☐ DELETE	1.1 TITLE	~~CO~~ D	☑ Change ☐ Addition
NAME	MOORE, RUSLAN		1.2 NAME	MOORE, RUSLAN	
STREET ADDRESS	4401 SHERIDAN ST #226		1.3 STREET ADDRESS	1445 NE 16th AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VCD	☑ DELETE	2.1 TITLE	~~D~~ VCD	☐ Change ☑ Addition
NAME	HOLLAND, NORAISJAH		2.2 NAME	~~HOLLAND~~, LARSON, Ronald E.	
STREET ADDRESS	4791 SW 82ND AVE #2		2.3 STREET ADDRESS	3826 Highgate Drive	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	VALRICO, FL 33594	
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 #B3A		4.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BINNIE, SIMON		5.2 NAME		
STREET ADDRESS	98 HICKORY HILL RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	CO	☑ Change ☐ Addition
NAME	LARSON, RONALD E.		6.2 NAME	LARSON, RONALD E.	
STREET ADDRESS	3826 HIGHGATE DRIVE		6.3 STREET ADDRESS	3826 Highgate Drive	
CITY-ST-ZIP	VALRICO FL		6.4 CITY-ST-ZIP	VALRICO, FL 33594	

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/15/99 813-681-4542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #