

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F20798 (7)
 1. Corporation Name
RUDD REALTY, INC.



Principal Place of Business 901 S.E. 17 ST., SUITE 202 FT LAUDERDALE FL 33316-2955	Mailing Address 901 S.E. 17 ST., SUITE 202 FT LAUDERDALE FL 33316-2955
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2. Principal Place of Business 21 <u>515 Seabreeze Blvd</u> Suite, Apt. #, etc. <u>228</u> City & State <u> Ft Lauderdale, FL </u> Zip <u>33316</u> Country <u>Broward</u>		2a. Mailing Address 26 <u>Same</u> Suite, Apt. #, etc. <u></u> City & State <u></u> Zip <u></u> Country <u></u>		3. Date Incorporated or Qualified 02/23/1981	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2091685		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent RUDD, CHARLES C 1662 SOUTH OCEAN LANE FT LAUDERDALE FL 33316 - <i>Discontinued 3-27-1997</i>		10. Name and Address of New Registered Agent 81 Name <u>Carol Rudd</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1662 South Ocean Lane</u> 83 <u></u> 84 City <u>Ft. Lauderdale</u> FL 85 Zip Code <u>33316</u>	
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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 Charles C. Rudd DATE 4-4-97
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 PTS NAME RUDD, CHARLES C STREET ADDRESS 1662 SOUTH OCEAN LANE CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE <u>Carol Rudd</u> 1.2 NAME <u>Carol Rudd</u> 1.3 STREET ADDRESS <u>1662 South Ocean Lane</u> 1.4 CITY-ST-ZIP <u>Ft Lauderdale, FL 33316</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> DELETE	2.1 TITLE <u></u> 2.2 NAME <u></u> 2.3 STREET ADDRESS <u></u> 2.4 CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> DELETE	3.1 TITLE <u></u> 3.2 NAME <u></u> 3.3 STREET ADDRESS <u></u> 3.4 CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> DELETE	4.1 TITLE <u></u> 4.2 NAME <u></u> 4.3 STREET ADDRESS <u></u> 4.4 CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> DELETE	5.1 TITLE <u></u> 5.2 NAME <u></u> 5.3 STREET ADDRESS <u></u> 5.4 CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> DELETE	6.1 TITLE <u></u> 6.2 NAME <u></u> 6.3 STREET ADDRESS <u></u> 6.4 CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Charles C. Rudd DATE 4-4-97 DAYTIME PHONE # 954-525-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)