FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F80650 DOCUMENT # 1. Corporation Name

(7)

U & D, INC.

Principal Place of Business

1200 CTIDI INC DOAD 1 A

Maling Address

1206 STIDLING DOAD 1.4



DANIA FL 33004		DANIA FL 33004						
				3. Date Incorporated or Qualified 05/05/1982	3a. Date	of Last I)1/24/		
2. Principal Plane of Business 2a. Mailing Address			10 R. L. LOVY		4. FEI Number			Applied For
		26 9/04 VII/S D	Adding Address Go R. L. Lovy 1704 Sills Drie EAST		59-2188787 Not Applicable			
Suite, Apt. #, etc. 27		27 203	Suite, Apt. #. etc. 27 20.3		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & State 28 Boynton Bench, Fl.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζφ	Country	Zip Cou		4	This corporation has liability for intangitile tax under s 199.032, Florida Statutes			
24	25 9, Name and Address of Curre		30		10. Name and Address of New R		laent	
	g, Name and Address of Curre	in riegistered Agent	81	Name	10, 110, 110, 110, 110, 110, 110, 110,			
DELLIC	CA AL		<u></u>					
DELUCA, AL 11448 LAKEVIEW DR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	L SPRINGS FL 33071		83					
CORK	L OFFINIOS EL 3307 I							
			84	City		FL	85 2	Zip Code
SIGNATURE	ें देश के कार्य क्रमण के proted state कार्य कार्य कार्य	ः रक्षाती स्थाप्ति । विद्यागणे वस्त्राः । ।		nt signature racjoiro		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
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NAME	DELUCA, AL				•			
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rectly that the information indicated on this mining is voluntarily furnished and does not quality in the standard in december 1860 (a), it is decembered to execute that the information indicated on this armial 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.

AL DELUCA

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR