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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

F9400005625 (8)

RUDY-GEE SALES CORP.

FILED Jan 15 1998 8:00am Secretary of State

HUDT-GEE SALES CORP.				
Principal Place of Business	Mailing Address	·		18484 BARRA BRAID ARBAN BADI 4001
_5951_QUILE OF MEXICO DR.	5961 GULF OF MEXICO	no		
LONG BOAT KEY FL 34228-1203	LONG BOAT KEY FL 94		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			10/28/1994	
2. Principal Place of Business	2a. Mailing Address	2 0 0	4. FEI Number	Applied For
		MIE BY MS	ST 13-2797740	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 VENICE FL.	City & State 28 VENICE	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 3 42 92 25 65/3	29	30 USA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current			10. Name and Address of New Registere	
HORNAUER, JOANNE M	· · · · · · · · · · · · · · · · · · ·	81 Name		
2033 MAIN ST., STE. 600 82 Stree			ess (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34237		63	· · · · · · · · · · · · · · · · · · ·	
		84 City		85 Zip Code
			F	L
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	f Florida. Such change was	authorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent		OTE: Registered Agent signature require		
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME CPS NAME SANDS, BRUCE A	E DEFETE	1.2 NAME		Grange reducen
STREET ADDRESS 5951 GULF OF MEXICO DR.		1.3 STREET ADDRESS		
LONG BOAT MEN EL GAGGA AT	na			
CITY-ST-ZIP LUNG BUAT KEY FL 34228-17	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME SANDS, LILLIAN		2.2 NAME		
STREET ADDRESS 2033 MAIN ST., STE. 600		2.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34237		2. 4 CITY-ST-ZIP		
TITLE	DELE TE	3.1 TITLE	4	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY+ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Castian 410 07/2VD Etarida Ctatutan Liuribar	

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

OLONIATURE.

Mu Ckils

1.7-98

CR2E034 (10/97