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

DOCUMENT # 1. Corporation Name

1996

F95000000758 (1)

HAROLD R.	RUDOI PH	ENTERPRISES.	INC.

Principal Place of Business	Mailing Address	
110 PARK AVE. CHARLEVOIX MI 49720	110 PARK AVE. CHARLEVOIX MI 49720	

3a. Date of Last Report

3. Date Incorporated or Qualified

				02/15/1995	
	CHALMENS DR	2a. Mailing Address		4. FEI Number	Applied For
-			HINGTON	38-2811648	Not Applicab
Suite, Apt. : 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MADC		City & State 28 MANCO ISU	AND, 7L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 339	37 Country Courter	^{Zip} 33937 3	Country Column	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	R, DAVID F		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
SUITE :	. Tamiami trail 304		83		
NAPLES	S FL 33962		84 City		
			84 City		FL 85 Zip Code
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	. Such change was authorized b n 607.0505, Florida Statutes.	by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	ointment as registered agent. I am
12.	Signature typed or printed name of registered agent an OFFICERS AND		Rogistered Agont signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
THUE	PC OFFICERS AND	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	RUDOLPH, HAROLD R	C) beerie			Change Addition
	311 WORTHINGTON		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937	DELETE	1.4 CITY-ST-ZIP		
TITLE		□ perese	2 1 TITLE		Change Addition
NAME CIUCCI ADODGGO			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-ST-ZIP TITLE		□ DELETE	24 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME		precie	3 2 NAME		Clicings Clixidadia
STREET ADDRESS			33. STREET ADDRESS		
CHTY-ST-ZIP					
TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition
NAME			4 2 NAME		El change El yearnon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		•	4.4 CITY-ST-ZIP		
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NAME		_	52 NAME		المستونة لي
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
THILE	·	DELETE	6. 1 TITLE		Change Addition
NAME		 -	6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
	<u> </u>	. ·			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

G OFFICER OF DIRECTOR

941-394-4644