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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Plane of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97974

(2)

**HUDSON MANAGEMENT CORPORATION** 

Mailing Address

**FILED** Mar 17 1997 8:00am Secretary of State



9KREPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER 200 EAST LAS OLAS BLVD.: 8TE. 1400	WREPUBLIC INDUSTRIES.			
FT: LAUDERDALE FL 33301	FT. LAUDERDALE FL 339			
			3. Date Incorporated or Qualified 09/02/1982	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21 450 E. Las Olas Blvd.			59-2213209	Not Applicable
Suite, Apt #, etc 22 Ste. 1200			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Ft. Lauderdale, FL	28 Ft. Lauder	dale. FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24 33301 25 USA	29 33301	30 USA		Yes No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				
		64 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607, 1508, Florida Statu	tes, the above-named cor	poration submits this statement for the p	purpose of changing its registered
office or registered agent, or both, in the State of agent 1 am familiar with, and accept the obligation	f Fforida, Such change was ons of, Section 607 0505, F.	authorized by the corpora lorida Statutes	ation's board of directors. I hereby accept	of the appointment as registered
SIGNATURE				ł
Signations Signature hypica or printed name of registated agent of	and title if applicable (NO	TE: Registered Agent signature requ		DATE
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
THILE POS	☐ DELETE	1.1 TITLE 93	<b>)</b>	Change
HUDSON, HARRIS W.		1.2 NAME	arris W. Hudson	12
STREET ADDRESS 529 BONTONA AVENUE		1.3 STREET ADDRESS 4	50 E. LAS Clas Blud. 54	.,000
CRIYESTE ZIP FT. LAUDERDALE FL.			4. Lauderdale FL 33	
TITLE DT	DELETE	2.1 TITLE	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME HUDSON, BONNIE		2.2 NAME	ichned Lo Hardky 50 E. Las Olas Bluck Str.	1900
STHEET ADDRESS 529 BONTONA AVENUE			50 E. UAS CHS BING DIE.	
CITY-ST-ZIP FT. LAUDERDALE FL			t. Lauderdale FL 33	
TITLE AS	<b>▼</b> DELETE	3.1 TITLE	PJ 1011	Change Addition
NAME WRIGHT, PETER		3.2 NAME CO	urtland Reddy and all	1.1000
STREET AFFORESS 2740 NE 23 PLACE		33 STREET ADDRESS UE	3 6. 6. 6. 6	
CHY-ST-7IF POMPANO BEACH FL		34. CITY-ST-ZIP	t. Lauderdale, FC 3	3301
TOTLE	☐ DELETE	4.1 THLE		Change  Addition
NAME		4. 2 NAME		İ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY+S1+ZIP	000555	4.4 CITY - ST - ZIP		
THUE	DELETE	5.1 TITLE	·	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-\$1-20°		5.4 CITY - ST - ZIP		
THE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		ļ
STREET ADDRESS		6.3 STREET ADDRESS		
E-TY-ST-7H		6.4 CITY-ST-ZIP	nd in Section 119 07(3Vi). Florida Statute	

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 coperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: