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

PROFIT CORPORATION ANNUAL REPORT



Ft.ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

SIGNATURE:

G75038

(1)

AL-RUD ENTERPRISES, INC.

Principal Place	of Business	Mailing Address		T (BBS)() 80() 1004) 81() 40144 11(0) 14() 41(0) 010() 010() 010() 014() 014() 014() 014() 014() 014() 014() 014()	
C/O RUDOLF SWARCKOF 122 W. MCKEY STREET OCOEE FL 34761-2615		C/O RUDOLF SWARG 122 W. MCKEY STREI OCOEE FL 34761-261	ET ,		
		000cc FL 34701-201.		 Date Incorporated or Qualified 12/19/1983 	3a. Date of Last Report 03/21/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		4, FEI Number 59-2590011	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
13		28		Trust Fund Contribution	Added to Fees
Z ip	Country	Zip 29	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032, □ No
24	25 g. Name and Address of Cur		_ 1301	10. Name and Address of New R	
······································			81 Name		
	(of, rudolf		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	MCKEY STREET FL 32761		83		
OUOEE	FL 32701		84 City		85 Zip Code
				ration submits this statement for the pur	FL
familiar wit SIGNATURE	ed agent, or both, in the State of F h, and accept the obligations of, S Spirature, typed or proted name of registered a	Section 607.0505, Florida Statute	IZEG by The Corporation S DOa IS. IOT: Registered Agont signature require	and of directors. Thereby accept the appoint	DATE
12:		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	DP	DELETE.	1. 1 TOTUE		Change Addition
NAME.	SWARCKOF, RUDOLF		1.2 NAME		
STREET ADDRESS	122 W. MCKEY STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL	FID FILE	1.4 CITY-\$1-ZIP		Change Addition
TITLE		DEFE LE	2. 1 TITEE 2 2 NAME		Change L Addition
NAME			2.3 STREET ADDRESS		
STREET ADORESS			2.4 CITY - S1 - ZIP		
TITLE		☐ DELF1E	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1 - 7IP		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP		Part Lie Care	4.4 C/TY - ST - ZIP		Change Addition
TITLE		DEFELE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		f"1 nc err	5.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	6 1 TITLE		T
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$1-7P	y coddy that the information a reali	ind with this filing is unfuntarily for	nished and does not qualify	for the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further
				ate and that my signature shall have the his report as required by Chapter 607, FI	