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

-PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # G86473

1. Corporation Name RUDI MAIER, INC.

Principal Place of Business

Mailing Address

3734 131ST AVE N **CLEARWATER FL 34622**  950 CLIFTON MEADOW DR MATTHEWS NC 28105

## **FILED** Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90010 022 \*\*\*558.75



						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 02/27/1984			
2 Dringing D	ace of Business	2a. Mailing Add	dress				4. FEI Number			Applied For
——	ace of Busiliess	26	11623				<b>59-2372623</b>		H	Not Applicable
21 Suite Ant	# ota	Suite, Apt.	# etc	<del></del> -			00 2012020		\$8.7	5 Additional
—	, ······, ····						5. Certificate of Status Desired Fee Required			
City 8 State		27 City & Stat					& Florties Compaign Financing		\$5.0	00 May Be
City & State	e	— ·	.0				6. Election Campaign Financing Trust Fund Contribution		•	ed to Fees
23		28 Zip		Cou	ntn/		8. This corporation owes the current year	ntono		
Zip	Country	— ·			iiu y		Personal Property Tax.		Yes	□No
24	25	29		וט			10. Name and Address of New Registere			
	9. Name and Address of Cur	rent Registered Agent	<u> </u>		81	Name	10. Name and Address of New Registers	u ng.		
RUDI, MAIER					٠,	Name				
				ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
11315 SHIPWATCH LANE										
APT 1857					83					
LARGO FL 33544					0.4	City		···-T	85 Z	ip Code
					84	City	F	L ľ	_   85   Zip Code	
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 607	7.0505, Florid	a Statu	ites.	ne corporation	n's board of directors. I hereby accept the app		,5,,,,	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: R	egistered	Agent	signature required				
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS /			
TITLE	P		DELETE	1.1 111	LE		'	L	] Chan	ge
NAME	Maier, Rudi			1.2 NA	ME					
STREET ADDRESS	11315 SHIPWATCH LANE A	PT 1857		1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	LARGO FL 34646			1,4 CII	TY-ST	-ZIP	_			
TITLE			DELETE	2.1 TII	LΕ				] Chan	ige Addition
NAME				2.2 NA	MË =		me same	.~		
STREET ADDRESS				23 ST	RFFT	ADDRESS				
				2.4 CI						
CITY-ST-ZIP TITLE	<u> </u>	———	DELETE	3.1 711		1-21			Chan	ige Addition
		_	0227	3.2 NA						
NAME										
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	3.4. CI		r-zip			Chan	ige Addition
TITLE			DEFELE	4.1 TII				_		.go 🔲 / (00/100)
NAME				4.2 N						
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP			٦	
TITLE			DELETE	5.1 TI				l,,	] Chan	ige Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS			•	
CITY-ST-ZIP				5.4 CI	TY-ST	-ZIP				
TITLE			DELETE	6.1 Ti	TLE				Chan	nge 🔲 Addition
NAME				6.2 N/	ME					
STREET ADDRESS				6.3 \$7	REET	ADDRESS				
				6.4 CF						
CITY OT ZID				V.7 CI	, , , , , ,					

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 address, with all other like empowered.

SIGNATURE: