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



FLORIDA DEPARTMENT OF STATE

FILED Feb 05 1998 8:00am

ANNU	NUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS						Secretary of State				
 Corporatio 	MENT # H2964 7 R. RUDOLPH ENTERPRISES	· · · · · · · · · · · · · · · · · · ·	,				L HERMON BITTE HAND TORAK DAYN BARNI KORA				
Principal Plan	a of Ducinosa	Mailine Address	- I: -I							(619	
Principal Place of Business Mailing Address 7901 WEST BROWARD BLVD. 7901 WEST BROWARD BLVD.											
PLANTATION US	PLANTATION FL 33324 US	<i>5</i>				DO NOT WRITE I	N THIS S	PACE			
							 Date Incorporated or Qualified 11/13/1984]
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ar	oplied For]
Suite, Apt.	2 244	Suite And # ato				 -}-	<u>59-247 1533</u>		<u></u>	ot Applicable	_
22 Saite, Apr.	#, etc.	Suite, Apt #, etc.					Certificate of Status Desired		Fee Re	Additional equired	
City & Stat	e	City & State					Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added		1
Zip	Country	Zip	<u> </u>			_	8. This corporation owes or has paid				1
24	25	29					Personal Property Tax due June 30. Yes XX No				
	9. Name and Address of Current	t Registered Agent	- 	81	Name	1	0. Name and Address of New Reg	istered A	gent		1
	TUM, THOMAS R.			01	Ivame						
	0 EAST LAS OLAS BLVD. #1800 . LAUDERDALE FL 33301		82	Street	Address	(P.O. Box Number is Not Acceptable	9)			1	
	ENOBERDALE LE 0000 L			83							1
				84	City				85 Zip	Code	-
								FL			_
 11. Pursuant office or r 	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida Stat of Florida. Such change wa	utes, the a s authorize	bove d by	named the corp	corporation'	tion submits this statement for the pu s board of directors. I hereby accept	rpose of o	changing it intment as	s registered registered	
	m familiar with, and accept the obliga	ations of, Section 607,0505,	Florida, Sta	lutes	S		••			-	1
SIGNATURE	Starature, typed or printed name of registered ager	nt and title if applicable (N	OTE. Registere	d Age	nt signature	required w	hen reinstating)	DATE			ي ا
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICE] [
TITLE	DPT CUROUS IOUN P					DP	T DII TOTAL D	ķ	X Change	Addition	1
NAME	RUDOLPH, JOHN R. 7901 W. BROWARD BLVD	W SECTIVADE BLUE				ı	DLPH, JOHN R. . W. BROWARD BLVD.				15
STREET ADDRESS	DI PATTATION CI			no officer Applicage			TATION FL	-			ŭ
CITY-ST-ZIP TITLE	S DELETE			2.1 TITLE			TATION II		Change	Addition	46
NAME	RUDOLPH, SHARON M.	_	2.2 N					_			
STREET ADDRESS	7901 W BROWARD BLVD		2.3 \$	REET	ADDRESS						
CITY - ST - ZIP	PLANTATION FL		2,40	11Y-5	ST-ZIP						_]
TITLE		DELETE	3.1 TI			ļ		ĺ	Change	Addition	
NAME			3.2 N								
STREET ADDRESS					ADDRESS						1
CITY - ST - ZIF		DELETE	4.1 T		T-ZIP				Change	Addition	+
NAME			4.21					_			
STREET ADDRESS			4.3 S	TREET	ADDRESS)					
CITY-ST-ZIP			4.4 C	TY-\$	Y-ZIP						_
TITLE		☐ DELETE	5.1 Ti		7			1	Change	Addition Addition	
NAME			5.2 N			1					
STREET ADDRESS					ADDRESS						Ì
CITY-ST-ZIP TITLE		DELETE	5.4 C		T-ZiP	 	 		Change	Addition	1
NAME		L. percie	6.1 Ti 6.2 N			1		L	— mininge	L_ AUUILION	1
STREET ADDRESS					ADDRESS	1					
CITY-ST-ZIP			4	<u>τγ-</u> \$							1

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 supplement/lannual 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 operiors on or the reperior or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to change if for on an adjustment with an addings.

1/28/98

(954) 473-8259

Daytime Phone # 0296004