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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H89108

(5)

UDINE & UDINE, P.A

ODINE U	CODINE, I IA							
Principal Place		Mailing Addr			3 <del>11 14</del>			HADIN DIAHI 1901 .
6208 W. COMM FT. LAUDERDAI		FT. LAUDERD	6208 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33319					
US		US				3. Date Incorporated or Qualified	3a. Date of La	st Report
						12/10/1985	01/24/199	6
<del></del>	ace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
Suite, Apt	# ofc.	26 Suite, Ap	#. etc.			59-2612602	- \$8.7	Not Applicable  5 Additional
22		27	,			5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	e Required
City & State	)	City & Sta	nte		·	6. Election Campaign Financing		<b>00</b> May Be
23	Court	28		Count	. <del></del>	Trust Fund Contribution		ded to Fees
Zip 24	Country 25	Zip <b>29</b>		Count 30	ry	This corporation has liability to     Florida Statutes	r intangible tax und Yes No	er s. 199.032,
	9. Name and Address of Curr			301		10. Name and Address of New F		
UDIN	NE, MOREY			8	1 Name			
6208 W. COMMERCIAL BLVD.				8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33319				8	3		, , <del>, , , , , , , , , , , , , , , , , </del>	
				8	4 City		85	Zip Code
					ــــــــــــــــــــــــــــــــــــــ		FL "	·
office or re agent. Lar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with land accept the ob-	and 607,1508, F ale of Florida. Such c agations of, Section 6	iorida Statute hange was a 607.0505, Fic	es, the abo luthorized orida Statut	ve-named corpora by the corpora es.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointmen	t as registered
SIGNATURE	Signature, typed or printed name of registrated	agent a vt litte if applicable	(NOTI	Registered A	gent signature requ	red when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PD		DELETE	1.1 TITLE			Char	nge 🔲 Addition
NAME	UDINE, MOREY	_		1.2 NAM	E			
STREET ADDRESS	6208 W. COMMERCIAL BLVI	D.			et address			
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL SD		DELETE	1.4 CHTY 2.1 THTLE			Char	nge Addition
NAME	UDINE, MICHAEL	<b>1</b>	DECENE	2.2 NAM	ì		(L) ()	igo rodinon
STREET ADDRESS	6208 W. COMMERCIAL BLVI	D.			ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2. 4 CIT	'-ST-ZIP	•	•	
TITLE			DEFELE	3 1 TITL			☐ Char	nge 🔲 Addition
NAME				3.2 NAM	E			
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP			DELETE		-ST-ZIP		Chai	nge [] Addition
TITLE NAME		L.	) DELETE	4.1 TITLI 4.2 NAN	i i		Cria	ige C Madillott
STREET ADDRESS					ET ADDRESS			
CITY - ST - ZIP					- ST-ZIP			
THILE			DELETE	5 1 TITL			Chai	nge Addition
NAME				52 NAM	F			
STREET ADDRESS				53 STRE	ET ADDRESS			
CITY - ST - 7IP				5.4 City	-ST-ZIP			
TITLE			DELETE	61 THIL			☐ Chai	nge 🔲 Addition
NAMÉ				62 NAM				
STREET ADDRESS					ET ADDRESS			
CITY - ST - ZIP	ou contifu that the inflormation	had with this files #	on not quel-	6 4 CiTY	-ST-ZIP	d in Section 110 07(3)(i) Finde State	toe I hather coeff.	that the
i am an o	HICER OF CHEECTOR OF THE MOSTON SHOP	nied with this tiling do or supplemental annu- or the receiver or tru , or on an attachmen	isiee empov	ered to ex	curate and the	d in Section 119.07(3)(i), Florida Statu it my signature shall have the same le ort as required by Chapter 607, Florida	gal effect as if made Statutes; and that	e under oath; that my name

SIGNATURE:

ATURE INDITIONAL OF SIGNING OFFICES OR DIRECTOR

1/9/97

(954) 724-8999

**FILED** 

Jan 17 1997 8:00am

Secretary of State

lytime Phone ▶