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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # J6

J62249

(4)

SHOUDA CORPORATION

Principal Place of Business	Mailing Address)	
HOME CRAWGET THOME 9720 GUNN HWY		9720 GUNN			
ODESSA FL 33556	ODESSA FL 33556	Hmy.	DO NOT WRITE IN TH	IS SPACE	
		•	3. Date Incorporated or Qualified	7	
			03/17/1987		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-2780017	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional	
22	27		5 , Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24 25		30	Personal Property Tax due June 30.	Yes No	
g, Name and Address of Current	Registered Agent		10. Name and Address of New Registers	od/Agent	
BUTTERFIELD, JANICE I	_	81 Name			
18210 CRAWLEY ROAD 9720 GUNN HWY. ODESSA FL 33556		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
			,		
		83			
		84 City		. 85 Zip Code	
		O4 City	F	L S Zip Code	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was au	ithorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered appointment as registered	
SIGNATURE Signature, typed or printed name of registered agen	t and the it employed to MATE.	Registered Agent signature require	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE P	DELETE	1.1 11TLE	7.05/110/10/07/11/10E3 TO OFF TOE/10/1	Change Addition	
NAME BUTTERFIELD, JANICE I.		12 NAME		<u></u>	
STREET ADDRESS 49210 CRAWLET RD 9720 GUNN HWY.		1.3 STREET ADDRESS			
CITY-ST-ZIP ODESSA FL	KO C MILL II ,	1.4 CITY-ST-ZIP			
TITLE VP	DELETE	2.1 TITLE		Change Addition	
NAME BUTTERPIELD, BAYMOND C.	A section	2.2 NAME			
STREET ADDRESS 18210 CRAWLEY RD		2.3 STREET ADDRESS		j	
	l anno a la l				
CITY-ST-ZIP ODESSA FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
INTE DELETE		3.2 NAME		CT country)	
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
\ -	□ DECEI€			C change C Modition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			

14. Thereby 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 trusted 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6.1 7/TLE

6.2 NAME

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

a Riettilia

TAMICE RU

DELETE

DELETE

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4/0/02

Change

Change

Addition

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FILED

Apr 16 1998 8:00am

Secretary of State

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