Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # K16377

1. Corporation Name RUDICO, INC.

Mailing Address Principal Place of Business 7402 SW 48 S. 7402 SW 48 ST. 9200 S. DADELAND BLVD. S-508 9200 S. DADELAND BLVD. S-508 MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualifed 02/29/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0036505 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GLICKMAN, FRED E. Street Address (P.O. Box Number is Not Acceptable) 82 9200 S. DADELAND BLVD SUITE 508 83

FILED Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90039 010 ***150.00



DO NOT WRITE IN THIS SPACE

MIAMI FL 33156			-							
		84	City	.	•	-	FL		Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered /			ered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13	•		ADDITIONS/	CHANGES T	OFFICE			
TITLE	PD	DELETE 1.1	TITLE				•	. [_ Change	☐ Addition
NAME	RUDICK, ALICIA V	1.2	NAME							
STREET ADDRESS	6680 SW 70TH LANE	1.3	STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL	1.4	CITY-S	r-ZIP						
TITLE		DELETE 2.1	TITLE						_ Change	☐ Addition
NAME		2.2	NAME							i
STREET ADDRESS		2.3	STREET	ADDRESS		• :				
CITY-ST-ZIP		2.4	CITY-S	T-ZIP						
TITLE		DELETE 3.1	TITLE					ر [_ Change	☐ Addition
NAME		3.2	NAME					•		
STREET ADDRESS		3.3	STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		DELETE 4.1	ΠLE					L	Change	☐ Addition
NAME		4. 2	NAME							
STREET ADDRESS		4.3	STREE	ADDRESS					•	•
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TITLE			TITLE					· . [] Change	Addition (
NAME			NAME						•	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE		J Dece 12	TITLE					L	_ Change	Addition
NAME			NAME							
STREET ADDRESS		6.3	STREE	ADDRESS						
CITY-ST-ZIP			CITY-S						41 - 4 41	!=f====!
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.										

305.665.3544