

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K80354** (9)

1. Corporation Name

RUDI E. HEIDE, P.A.



Principal Place of Business

**RUDI E. HEIDE
823-A N. COCOA BLVD
COCOA FL 32922**

Mailing Address

**RUDI E. HEIDE
823-A N. COCOA BLVD
COCOA FL 32922**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**HEIDE, RUDI E.
823-A N. COCOA BLVD.
COCOA FL 32922**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1406, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	[] DELETE
NAME	HEIDE, RUDI E.	
STREET ADDRESS	823-A N. COCOA BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 person or trustee or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if named, or on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R E HEIDE

4-8-96

407-631-0220

Date

Telephone Number

CR2E034 (12/95)