

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K92094 (7)

1. Corporation Name
LUDCO, INC.



Principal Place of Business
**% MARK C. LUDWICK
398 W CAMINO GARDENS BLVD S-109
BOCA RATON FL 33432**

Mailing Address
**% MARK C. LUDWICK
398 W CAMINO GARDENS BLVD S-109
BOCA RATON FL 33432**

3. Date Incorporated or Qualified 05/30/1989	3a. Date of Last Report 05/31/1995
4. FEI Number 65-0128045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Penthouse Towers Suite, Apt. #, etc. #104	2a. Mailing Address 26 c/o Weight Watchers Suite, Apt. #, etc.
22 3101 S. Ocean Blvd. City & State	27 251 U.S. Route #1 City & State
23 Highland Beach, FL Zip 24 33487 Country 25	28 Falmouth, ME Zip 29 04105-1375 Country 30

9. Name and Address of Current Registered Agent LUDWICK, PAUL W 398 W CAMINO GDNS BLVD PLAZA V SUTIE 109 BOCA RATON FL 33432		10. Name and Address of New Registered Agent	
81 Name	Paul W. Ludwick		
82 Street Address (P.O. Box Number is Not Acceptable)	Penthouse Towers		
83	3101 S. Ocean Blvd., #104		
84 City	Highland Beach,	85 Zip Code	FL 33487

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 **Paul Ludwick, President** **March 15, 1996**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWICK, MARK C.	1.2 NAME	Paul W. Ludwick
STREET ADDRESS	2561 N.E. 31ST CT.	1.3 STREET ADDRESS	c/o Weight Watchers, 251 US Rte1
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	Falmouth, ME 04105-1375
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWICK, WALTER G.	2.2 NAME	Walter G. Ludwick
STREET ADDRESS	2561 N.E. 31ST CT.	2.3 STREET ADDRESS	Penthouse Towers, 3101 S. Ocean Blvd
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	#104, Highland Bch., FL 33487
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWICK, PAUL W.	3.2 NAME	
STREET ADDRESS	2561 N.E. 31ST CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **Paul Ludwick** **3/15/96** **207-781-4403**
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (12/95)