

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L24838 (9)**  
1. Corporation Name  
**GGD GRUNDBESITZ GEBRUEDER DUDE, INC.**



Principal Place of Business: **6585 DILLMAN ROAD EXTENSION WEST PALM BEACH FL 33413**  
Mailing Address: **6585 DILLMAN ROAD EXTENSION WEST PALM BEACH FL 33413**

3. Date Incorporated or Qualified <b>10/24/1989</b>	3a. Date of Last Report <b>06/01/1995</b>
4. FEI Number <b>65-0187179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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		2a. Mailing Address	
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State
23. Zip	24. Country	28. Zip	29. Country
25		30	

9. Name and Address of Current Registered Agent  
**DUDE, HAROLD  
6585 DILLMAN ROAD EXTENSION  
W. PALM BEACH FL 33413**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL</b>

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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	<b>PTS DUDE, HAROLD</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>6585 DILLMAN ROAD EXT.</b>	13. STREET ADDRESS	14. CITY-STATE-ZIP
CITY-STATE-ZIP	<b>W. PALM BEACH FL</b>	2. TITLE	3. NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP
		3. TITLE	4. NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	33. STREET ADDRESS
CITY-STATE-ZIP		34. CITY-STATE-ZIP	4. TITLE
		4. NAME	5. STREET ADDRESS
TITLE	NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP
		5. TITLE	6. NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	53. STREET ADDRESS
CITY-STATE-ZIP		54. CITY-STATE-ZIP	6. TITLE
		6. NAME	63. STREET ADDRESS
TITLE	NAME	64. CITY-STATE-ZIP	7. TITLE
			<input type="checkbox"/> Change
STREET ADDRESS			
CITY-STATE-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)(j), 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: *[Signature]* **HAROLD DUDE, PRES. 4/2/96** 407 683-4795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Day/Time Phone #

CR2E034 (12/95)