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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:05

DOCUMENT # L61616 (3)

1. Corporation Name
UDELL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% BRUCE S. UDELL 1900 SUMMIT TOWER BLVD., #560 ORLANDO FL 32810	% BRUCE S. UDELL 1900 SUMMIT TOWER BLVD., #560 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 % Bruce S Udell	26 % Bruce S Udell
Suite, Apt. #, etc. 22 1900 Summit Tower Blvd #240	Suite, Apt. #, etc. 27 1900 Summit Tower Blvd #240
City & State 23 Orlando Florida	City & State 28 Orlando, Florida
Zip / Country 24 32810 25 Orange	Zip / Country 29 32810 30 Orange

4. FEI Number: 59-3006150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UDELL, BRUCE S.
1900 SUMMIT TOWER BLVD., SUITE 560
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Udell, Bruce S
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Summit Tower Blvd, #240
83
84 City: Orlando FL 85 Zip Code: 32810

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: Bruce S Udell Bruce S Udell Pres 2/13/95
(If changing registered office address only, registered agent need not sign.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	UDELL, BRUCE S.	12 NAME	
STREET ADDRESS	455 LONGMEADOW LANE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	UDELL, JANET	22 NAME	
STREET ADDRESS	455 LONGMEADOW LANE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and given not quickly 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.

SIGNATURE: Bruce S Udell Pres 2/13/95 (407) 660-0550
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — TITLE OR DESCRIPTION — DATE — Daytime Phone Number

0060464 CR