

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90019 012 ***150.00

DOCUMENT # L78632

1. Corporation Name

PUDGE ENTERPRISES, INC.

Principal Place of Business

C/O MADELYN SPADA
7152 N. UNIVERSITY DRIVE BOOTH 17
TAMARAC FL 33321

Mailing Address

C/O MADELYN SPADA
7152 N. UNIVERSITY DRIVE BOOTH 17
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1990

4. FEI Number

65-0214474

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **MADELYN SPADA**

Suite, Apt. #, etc.

22 **4703 BANYAN LANE**

City & State

23 **TAMARAC FLORIDA**

Zip

24 **33319**

Country

25 **USA**

2a. Mailing Address

26 **MADELYN SPADA**

Suite, Apt. #, etc.

27 **4703 BANYAN LANE**

City & State

28 **TAMARAC, FLORIDA**

Zip

29 **33319**

Country

30 **USA**

9. Name and Address of Current Registered Agent

SPADA, MADELYN
7152 N. UNIVERSITY DRIVE
BOOTH 17
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

SPADA, MADELYN

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

4703 BANYAN LANE

83

84 City

TAMARAC

FL

85 Zip Code

33319

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

Madelyn Spada
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SPADA, MADELYN**

STREET ADDRESS **4703 BANYAN LN**

CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **SPADA, MATTIA**

STREET ADDRESS **4703 BANYAN LN**

CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **SPADA, LISA**

STREET ADDRESS **4703 BANYAN LN**

CITY-ST-ZIP **TAMARAC 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Madelyn Spada*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

954-722-4722

Daytime Phone #

CR2E034 (11/98)

0301757