Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90074 048 ***150.00

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

DOCUMENT # M01224

RUDICK	FINANCIAL SERVICES CO)RP.					
Principal Place	of Business	Mailing Address			t subsubuts its addar itain itain tibis ains ains	I WICH EFER WICH CI	BIL BIBIL (BBL
7402 S.W. 48 ST. 7402 S.W. 48 ST. MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					06/01/1984		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26		<u>.</u>	59-2411805		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country 25	Zip 29	Countr 30	ry	This corporation owes the current year to Personal Property Tax.		□No
	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
GLICKMAN, FRED E 9200 S DADELAND BVLD, #508 MIAMI FL 33156			8	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
			8	4 City	· F	85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agents.	e of Florida. Such change was pations of, Section 607.0505, F	authorized b lorida Statute	es.	proration submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating) DATE		
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition A
NAME	RUDICK, ALICIA V.		1.2 NAME	E			
STREET ADDRESS	6680 SW 70TH LANE			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	[
STREET ADDRESS			2.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP	<u> </u>	- Delete	2. 4 CITY			☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			□ Man8e	□, adam)
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY			Change	Addition
TITLE			4. 2 NAM				_
NAME CODEST ADDRESS			1	ET ADDRESS			
STREET ADDRESS			4.3 STRE				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition

6.4 CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-665-3544

Change

☐ Addition