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Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000009482 (0)

1. Corporation Name

THE PUDER ORGANIZATION, INC.



Principal Place of Business

Mailing Address

7200 WEST CAMINO REAL
SUITE 104
BOCA RATON FL 33433

7200 WEST CAMINO REAL
SUITE 104
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 7978 Laina Lane

26 C/O M. Puder

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 8419 Twin Lake Dr.

City & State

City & State

23 Boynton Beach, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33437

25 USA

29 33496

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUDER, MICHAEL
7200 W. CAMINO REAL
STE. 104
BOCA RATON FL 33433

81 Name

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

8419 Twin Lake Dr.

83

84 City

Boca Raton, FL 33496 FL

85 Zip Code
33496

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

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

(NOTE: Registered Agent's signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME PUDER, MICHAEL
STREET ADDRESS 7200 WEST CAMINO REAL
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8419 Twin Lake Dr.

Boca Raton, FL 33496

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CP2E034 (10/97)