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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	MENT # P930 0	00088200	(9)		
1. Corporation	n Name UDLEY ENTERPRISES, INC) (CONTROL AND CONTROL NAME CONTROL CONTROL	ADAH ACIDI ITRIK IDIKO ABIH DERK DUN HADI
Principa: Place	of Business	Mailing Address			
800 EAST CYPRESS CREEK ROAD SUITE 303 FORT LAUDERDALE FL 33334		800 EAST CYPRESS CREEK ROAD SUITE 303 FORT LAUDERDALE FL 33334			
PORT LAUDI	EHUALE FL 33334	FORT LAUDERDI	ILE FL 33334	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		· · · · · · · · · · · · · · · · · · ·		12/28/1993	04/28/1995
1		2a. Mailing Address 26		4. FEI Number 65-0456318	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional
Orty & State		City & Chale			Fee Required
23	c	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Curre	29	30	Florida Statutes	LYN0
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
ROSENT	THAL, STUART S			(D.O. Fly. N1 N. 14.	
	ST CYPRESS CREEK ROAD		82 Street April	ress (P.O. Box Number is Not Acceptable	€;
SUITE 3			83		
FORT L	AUDERDALE FL 33334		84 City		85 Zip Code
11 Pursuant i	to the provisions of Sections 607.050	2 and 607 1509 Florido 9	Satutes the above payord and	ration submits this statement for the purp	
or register	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was au	thorized by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing its registered office introduction. Fam
SIGNATURE	in, and accept the obligations of, Sec	tion 607,0505, Florida St	IUROS.		
	Signatine typed or printed name of registered agen		(NOTE: Flogratured Agent signature income	d when renadahigi	DA'E
12. THE	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	EDWARDS, GREGORY W		1 1 TUTEF 12 NAME		Change Addition
STREET ADDRESS	4040 N.E. 30TH AVENUE		1.3 STHEET ADDRESS		
CHY-SI-ZIF	LIGHTHOUSE POINT FL 330	64	1.4 C/TY - ST - Z/P		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	EDWARDS, DEBORAH A 4040 N.E. 30TH AVENUE		2.2 NAME		
STREET ADDRESS	LIGHTHOUSE POINT FL 330	64	2.3 STREET ADDRESS		
CDY-ST-ZIP TITLE	DOMESTIC COOP	☐ DELETE	2 4 C(1Y - S1 - Z)P 3 1 T(1)LE		Change Addition
NAME		<u></u>	3.2 NAME		☐ onende ☐ voarten
STREET ADDRESS			3.3 STHEET ADDRESS		
C:TY-ST-ZiP	· · · · · · · · · · · · · · · · · · ·		3.4 CHTY - ST - ZIP		
TIII: E		DELETE	4 1 TITLE		Change Addition
name Street address 1			4 2 NAME		
CITY - ST - ZIP			4.3 STREET ADORESS		
TITLE		DELETE	4.4 C/TY-ST-7/P 5.1 T/ILE		Change Addition
NAME			5.2 NAME		
STHEET ACCURESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5 4 CITY - ST - ZIF		
Tille		DEFELE	6 1 TIJLF		☐ Change ☐ Addition
NAME		•	6 2 NAME		
STHEET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereb	t y certify that the information supplied	with this filing is voluntaril	64 CITY-ST-ZIP furnished and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further
oath; that I	the iniomiation indicated on this anni	uai report or supplementa Pration or the receiver or t	i arinual report is true and accura rustee emipowered to execute this	te and that my signature shall have the s s report as required by Chapter 607, Flor	ages local offect or if posite upder

SIGNATURE:

4/196 (407) 361-8140