## 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 # P9300088200

1. Corporation Name SIR DUDLEY ENTERPRISES, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90074 033 \*\*\*150.00



					<u>-</u>		
Principal Place of Business Mailing Address							
404 EAST ATLANTIC BOULEVARD 404 EAST ATLANTIC BOULEVA							
SUITE 101			SUITE 101		DO NOT WESTER IN THIS SPACE		
POMPANO BEA	ACH FL 33060	POMPANO BEACH FL 33060		DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed 12/28/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0456318	. N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		والمستوالية	5. Certificate of Status Desired	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee R	tequired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Cou		ntry	8. This corporation owes the current year	Intangible		
24	25	29 30			Personal Property Tax.   ☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	∌d Agent	
81 Name							
ROSENTHAL, STUART S ESQ				00 004 4-14	Harry /D.O. Pay Number in Not Acceptable)		
404 EAST ATLANTIC BOULEVARD				82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 101				83			
POMPANO BEACH FL 33060							
}				84 City		85 Zip	Code
		1 007 4500 Flaste Out	4-2-4-2-		evention authority this statement for the nurroce	of changing it	e registered
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			Agent signature required		AND DIDECT	ODE IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D	☐ DELETE	1.1 Π			□ Criange	Audison
NAME	EDWARDS, GREGORY W		1.2 NA				
STREET ADDRESS			1.3 ST	REET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CI	Y-ST-ZIP			
TITLE	D	☐ DELETE	2.1 T/	'LE		Change	Addition
NAME	EDWARDS, DEBORAH A		2.2 N	ME			ŀ
STREET ADDRESS	4040 N.E. 30TH AVENUE		2.3 ST	REET ADDRESS			
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NAME		71	3.2 NA	ME			
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1				TY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4,1 T)			☐ Change	☐ Addition
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NAME	,		1	l l			ļ
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CITY-ST-ZIP		- Incless	_	TY-ST-ZIP		Change	Addition
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NAME			5.2 N				ſ
STREET ADDRESS				REET ADDRESS			Ì
CITY-ST-ZIP				ry-st-zip			
TITLE	-	☐ DELETE	6.1 TT			Change	☐ Addition
NAME			6.2 NA	ME			İ

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS