PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007359

1. Corporation Name

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90059 029 ***150.00

	LUDE, INC.								
Principal Place	n of Rusiness	Mailing Address			-	-	III OONI BO		
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38999 SUMNER LAKE RD P.O. BOX 1107 DADE CITY FL 33526 DADE CITY FL 33526-1107						4			
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/20/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 26						59-3222219		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	1		Additional
27						5. Certificate of Status Desired	J	Fee	Required
City & State	e	City & State				≃6:≃Election:Gampaign-Financing—		\$5:0	O-May Be
23		28				Trust Fund Contribution	J	Adde	d to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current			_
24	25	29	30			Personal Property Tax.		Yes	□No
	Name and Address of Current	ent Registered Agent				10. Name and Address of New Regi	stered A	gent	
14741	LED OULDIES D		ŀ	81	Name				1
	LER, CHARLES D		 	82	Street Addre	ss (P.O. Box Number is Not Acceptable))		
	27 E LIVE OAK			-	4				
DAD	E CITY FL		Ī	83		•			
					015			85 Zi	p Code
			į	84	City		FL	83 21	
Office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was al	มภาคยรอด	nv m	e corporation	ration submits this statement for the purp's board of directors. I hereby accept the	e appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	•			signature required	when reinstating)	DATE		
		•			signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
SIGNATURE 12. TITLE		gent and title if applicable. (NOTE	Registered	Agent s	signature required	milan ramatang)	ERS AND	DIREC Chang	
12.	OFFICERS A	gent and title if applicable. (NOTE	Registered	Agent s	signature required v	milan ramatang)	ERS AND		
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: