## 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

P94000039681 (9) DOCUMENT # 1. Corporation Name

PUDER PROPERTIES, INC.

Principal Place of Business Mailing Address 7200 WEST CAMINO REAL BLVD., STE. 104 7200 WEST CAMINO REAL BLVD., STE. 104 **BOCA RATON FL 33433 BOCA RATON FL 33433** 



							3. Date Incorporated or Qualified 3a. Date of Last Rep. 05/26/1994 05/01/199	ort <b>35</b>	
2. Principal Pla	ce of Business	F	2a. Mailing Address				4. FEI Number Ap	plied For	
Suite, Apt. #	e atc	26					65-0496401 Not Applicable		
22	, 610.	27	A				5. Certificate of Status Desired See Re		
City & State		<del></del>	City & State				6. Election Campaign Financing \$5.00	May Re	
Zip	Country	28					Trust Fund Contribution L. Added to	o Fees	
24	25	29 29	it,	30	untry		8. This corporation has liability for intangible tax under side	<del>3</del> 9.032,	
	9. Name and Address of Curre					Florida Statutes Yes No  10. Name and Address of New Registered Agent			
			· <u>×</u> ,	. – – – – .	81	Name	10. Name and Address of New Registered Agent		
	, MICHAEL S								
7200 WEST CAMINO REAL BLVD., STE. 104					Street Address (P.O. Box Number is Not Acceptable)				
BOCA I	RATON FL 33433				83				
					$\sqcup$				
					84	City	FI 85 Zip C		
familiar with	d agent, a both, in the State of the , and accept the subjection of the subjection of the subject of the subjec	tion 607.050	35, Horida Statutes.	o ry r c c	λοι <b>γ</b> λ	лавон а ц	urporation submits this statement for the purpose of changing its regis board of directors. I hereby accept the appointment as registered ag	stered offici ent. I am	
12.	OFFICERS AN	7	nes (ku)	t: Rug steren 13.	Agent	signar ite ne	DATE Wild career strong DATE		
TITLE	DPST	10.010	DELETE	13. 1 1 Ti		——— Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
NAME	PUDER, MICHAEL S		_	1.2 NA			Change [	neitibbA [	
STREET ADDRESS	7200 WEST CAMINO REAL	BLVD., S	TE. 104		13 STREET A				
CITY - ST - ZIP	BOCA RATON FL 33433			1.4.0(					
TITLE			DELETE	2 1 70			☐ Change ☐	Addition	
NAME				2.2 NA	ME			, Machian	
STREET ADDRESS				2351	HEFT A	ADDRESS			
CITY-ST-ZIP			- ~	2401	Y-\$1	ZIF			
TATLE			DELETE	3 1 1	TLF		☐ Change	Addition	
NAME .				3 2 NA	ME	i			
STREET ADDRESS				33 ST	HELT A	RESPROCE			
CITY-ST-ZIP TITLE				3401	Y - ST	- ZIP			
NAME			DÉLETE	4 1 111			☐ Change ☐	Addition	
STREET ADDRESS				4 2 NA					
CITY - ST - ZIP						DORESS			
TITLE			DELETE	4.4 CIT		ZIP			
NAME			C) bellie	5 1 TIT			Change	] Addition	
STREET ADDRESS				5.2 NAI		DDRESS			
CITY - ST - ZIP									
TITLE			DELETE	5 4 CHT		Z0F'	8000017871 <b>18</b> ;	1 4449	
NAME			<b>_</b>	6 2 NAM			-04/19/9601039010	Addition	
STREET ADDRESS						DDAESS	***200.00	)", LOI	
CITY-ST-ZIP				5.4.0.11	и ст	7.0	— • • • • • • • • • • • • • • • • • • •	W	
14. I do hereby of certify that the cath; that I a	certify that the information supplied via information indicated on the annum an officer or director of the corpo	vith this filing af report or ration or the	g is alluntarily furnish upplemental annua eceiver or trustee a	ned and d il report is en ipowere	loes i true	not qualify and accu execute I	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I urate and that my signature shall have the same legal effect as if mac this report as required by Chapter 607, Flonda Statutes, and that my	furtner de under	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nment with an address

3/24/46 (401) 312-4111