

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:13

DOCUMENT # P94000085391 (8)

1. Corporation Name

RUDOLPH MANAGEMENT ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301~~

~~417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301~~

3. Date Incorporated or Qualified

3a. Date of Last Report

11/23/1994

4. FBI Number

65-0540581

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 17615 LAKE ESTATES DR.

26 17615 LAKE ESTATES DR.

State, Apt. #, etc

State, Apt. #, etc

22 City & State

27 City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

County

Zip

County

24 33496

25 USA

29 33496

30 USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Fraud Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 of Corporation, Registered Agent, and the Approver)

(Signature of Registered Agent (signature required when not listed))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RUDOLPH, ARTHUR
STREET ADDRESS	16921 ROSE APPLE DR
CITY, ST, ZIP	DELRAY BEACH FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RUDOLPH, ARTHUR	
3. STREET ADDRESS	17615 LAKE ESTATES DR.	
4. CITY, ST, ZIP	BOCA RATON, FL 33496	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated in the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or authorized officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Arthur Rudolph
ARTHUR RUDOLPH, PRESIDENT

2/16/95