

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091527 (9)

1. Corporation Name

SPUD ENTERPRISES, INC.



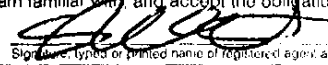
Principal Place of Business 870 ANGIN BLVD. HALLANDALE FL 33009 US	Mailing Address 11278 NW 14TH CT. 102-B PEMBROKE PINES FL 33026-2831 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2032 R N.W. 55TH AVE 23 MARGATE, FL 24 33063 Country 25 U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 3304 CONFETTI LN 28 MARGATE, FL 29 33063 Country 30 U.S.
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3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 04/29/1996
4. FEI Number -NOT APPLICABLE 65-0542932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRADFORD J FOLAND 11278 NW 14TH CT PEMBROKE PINES FL 33026		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 3304 CONFETTI LN 84 City MARGATE FL 85 Zip Code 33063	
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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  BRADFORD J. FOLAND, PRESIDENT DATE 4-14-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLAND, BRADFORD J		1.2 NAME FOLAND, BRADFORD J	
STREET ADDRESS 11278 NW 14TH CT.		1.3 STREET ADDRESS 3304 CONFETTI LN	
CITY-ST-ZIP PEMBROKE PINES FL		1.4 CITY-ST-ZIP MARGATE, FL 33063	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME FOLAND, DOLores M	
STREET ADDRESS		2.3 STREET ADDRESS 3304 CONFETTI LN	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MARGATE, FL 33063	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)