FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000014936 (5)**

1. Corporation Name
BRUDAV, INC.

Principal Place of Business
4712 WINGROVE BOULEVARD
ORLANDO FL 32819

Mailing Address
4712 WINGROVE BOULEVARD
ORLANDO FL 32819-3344

3. Date Incorporated or Qualified: 02/21/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 7777 N. WICKHAM RD
Suite, Apt. #, etc.
22 #10
City & State
23 MELBOURNE FL
Zip 24 32940
Country 25

2a. Mailing Address
26 7777 N. WICKHAM RD
Suite, Apt. #, etc.
27 #10
City & State
28 MELBOURNE FL
Zip 29 32940
Country 30

4. FEI Number: 59-3302207 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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
SHULMAN, BRUCE J
~~4712 WINGROVE BOULEVARD~~
~~ORLANDO FL 32819~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7777 N. WICKHAM RD #10
83
84 City: MELBOURNE FL 85 Zip Code: 32940

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: Bruce Shulman BRUCE SHULMAN PRESIDENT 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHULMAN, BRUCE J	
STREET ADDRESS	~~4712 WINGROVE BOULEVARD~~	
CITY-ST-ZIP	~~ORLANDO FL 32819~~	
TITLE	D	☐ DELETE
NAME	STEIN, DAVE	
STREET ADDRESS	~~3021 RAMBLEWOOD DRIVE., APT 1-C~~	
CITY-ST-ZIP	~~INDIANAPOLIS IN 46268~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2586 ROBERT TRENT JONES #1111	
1.4 CITY-ST-ZIP	ORLANDO FL 32835	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4457 McINTOSH PARK DR #102	
2.4 CITY-ST-ZIP	SARASOTA FL 34232	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Bruce Shulman BRUCE SHULMAN 4/14/97 407-253-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0093551