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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039246 (0)

## **FILED** May 21 1998 8:00am Secretary of State

RUDD	CONSULTING GROUP, II	1C.							
Principal Plac	DARD AVE	Mailing Address 3603 STARBOARD AVE			- FIDERINGE FID EDITOR DERRE DOME BOTH OUTFI DOMES.		818 8191 9881		
COOPER CIT	Y FL 33026	COOPER CITY FL 330	COOPER CITY FL 33026			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	- TOL		
						05/16/1995			
<del></del>	lace of Business	2a. Mailing Address	h *			4. FEI Number	<u> </u>	oplied For	
Suite, Apt.	# etc	Suito Ant # etc	Suite, Apt. #, etc.			59-3315745 Not Applicable \$8.75 Additional			
22		27	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		equired	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip 24	Country Zip C		Cou	niry		<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	urrent year lat	tangibie No	
[24]	9. Name and Address of Curi		30			10. Name and Address of New Registered		30,40	
BC			81 Nam	ie					
3603 STARBOARD AVE				82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)	,		
CC	DOPER CITY FL 33026								
				83				Ì	
			Ì	84 City		F	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607 0	0502 and 607.1508, Fiorida Sta	tutes, the ab	ove-nami	ed corpo	ration submits this statement for the purpose	of changing it	ts registered	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida 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, typed or printed name of requirered			Agent signa	ure required	when reinstating) DATE			
12.	OFFICERS A	AND DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR  Change	RS IN 12 Addition	
NAME	BOISVERT, ELIZABETH	Duttit	1.2 NAME				C Cuange	Audillon	
STREET ADDRESS	3603 STARBOARD AVE			1.3 STREET ADDRESS					
CITY-ST-ZIP	COOPER CITY FL 33026			1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	E 2.1 TITLE				Change	Addition	
NAME	2.2		2.2 NA	ME					
STREET ADDRESS			2.3 STREET ADD		s	. •			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP						
TITLE		L_ DELETE			1		∐ Change	Addition	
NAME			3.2 NA		_				
STREET ADDRESS				REET ADDRES	5				
CITY-ST-ZIP TITLE		DELETE	4.1 TiT	TY-ST-ZIP LE	_		Change	Addition	
NAME		<del></del>	4. 2 NA		- {				
STREET ADDRESS				REET ADDRES	s				
CITY-ST-ZIP	_		4.4 CIT	Y-ST-2 P	1				
TITLE		DELETE	5.1 TIT	LE	1		Change	Addition	
NAME			5.2 NA	ME	ļ				
STREET ADDRESS			5.3 ST	REET ADDRES	s [			1	
CITY-ST-ZIP				Y - ST - ZIP	-		<u> </u>		
TITLE		☐ DELETE	6.1 TIT				L Change	Addition	
NAME CERTE ADDRESS			6.2 NA					1	
STREET ADDRESS			1	REET ADDRES	s			İ	
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify		Y-ST-ZIP motion st	ated in S	ection 119.07(3)(i). Florida Statutes. I further	ertify that the	information	

indicated on this annual report or supplemental annual report is frue 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 atlachment with an address.