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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000091991 (6)

COURTNEY-DUDA & ASSOCIATES, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					88418 18181 HALL 1849 (818)	.
100 W CYPRESS CREEK RD 5TH FLOOR FT. LAUDERDALE FL 33309		4609 GARFIELD STREET HOLLYWOOD FL 33021-5335				
US				3. Date Incorporated or Qualified 12/04/1995 3a. Date of Last Report 05/01/1996		
2. Principal Place of Business 1		2s. Mailing Address 26		4. FEI Number 65-0628378	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Require		Additional
City & Sta	de	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zφ	Country	Zip	Country	8. This corporation has liability for in		199.032,
l.,	25	29	30	Florida Statutes 10. Name and Address of New Rec	Yes 🔀 No	
PAI 10	9, Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New Neg	Ilatarag Agent	
	DA, JOHN P		oi Name	•		
	9 GARFIELD STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
HO	LLYWOOD FL 33021		<u> </u>			
			83			
			84 City	······································	les 7in 6	Code
			84 City		FL 85 Zip 6	>oq a
BIGNATUHE.	Signature, typed or previod name of registered ag	ient and title if applicable. (NOT ND DIRECTORS	E Registered Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	S IN 12
ifth	D	☐ DELETE	1 1 TITLE		Change	Addit
AME	DUDA, JOHN P		1.2 NAME			
HEET ADDRESS			1.3 STREET ADDRESS			
(TY - S1 - Zi#′	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP			
TLE	D	DELETE	21 TIFLE	***************************************	Change	Addi
AME	COURTNEY, WILLIAM V	•	2.2 NAME			
TREET ADORESS			2.3 STREET ADDRESS			
17 - S* - 71P	PERKLAND FL		2. 4 CITY - ST - ZIP			
ITL\$	D	☐ DELETE	3.1 TITLE		☐ Change	Addit
AME	KLUGERMAN, JEFFREY B		3.2 NAME			
TRELT ADORESS	10731 NW 14TH ST. #124		3.3 STREET ADDRESS			
HY-ST 7P	PLANTATION FL	***************************************	3.4. CITY+ST-ZIP			
TLE		DELETE	4.1 TITLE		☐ Change	Addi
AM:			4. 2 NAME			
TREEL ADURESS			4.3 STREET ADDRESS			
HY - \$1 - 7(P			4.4 CITY-ST-ZIP			
1 TL€		☐ DELETE	5.1 TITLE		☐ Change	Addit
AME			5.2 NAME	•		
TREET ADDRESS			5.3 STREET ADDRESS			
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ITEF		☐ DELETE	6.1 TITLE		Change	Addit
IAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY- S1-Z#			64 CITY - ST - ZIP			

14. I do hereby certity 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 hanged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97 954-958-417: Dayina Prone #