

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

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97 MAY 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name AUTO RUDA INC.		P96000042185	
Principal Place of Business 4205 W. COLONIAL DRIVE ORLANDO FL. 32808		Mailing Address	
2. Principal Place of Business 21 4205 W. COLONIAL DR.		2a. Mailing Address 26 4205 W. COLONIAL DR.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State ORLANDO FL		28 City & State ORLANDO FL	
24 Zip 32808		25 Country USA	
29 Zip 32808		30 Country USA	
9. Name and Address of Current Registered Agent DAVID SANTMAN 112 MARCIA DR. ALTAMONTE SPRINGS FL 32714 USA		10. Name and Address of New Registered Agent 81 Name DAVID SANTMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4205 W. COLONIAL DR 83 84 City ORLANDO FL 85 Zip Code 32808	
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 DAVID SANTMAN Treas DATE 4-18-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President - Treas. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DAVID SANTMAN
STREET ADDRESS		1.3 STREET ADDRESS	4205 W. COLONIAL DR.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President - Secy D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	RUTH SANTMAN
STREET ADDRESS		2.3 STREET ADDRESS	4205 W. COLONIAL DR
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	300002183373--3
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	05/19/97 - 05/18/98
NAME		4.2 NAME	***165.00 ***165.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	5/15/97
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: RUTH SANTMAN - VP DATE 4-18-97 DAYTIME PHONE # 292 9998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2F034 (12/95)