## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT** .CORPORATION ANNUAL REPORT

1997



F STATE FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta

## Secretary of State DIVISION OF CORPO TIONS



**FILED** 

Apr 29 1997 8:00am

DOCUMENT # PS	6000058857 (9)
---------------	----------------

BRIAN CUDMORE, INC.

Principal Place of Business

Mailing Address

2304 NW 67TH BOCA RATON		2304 NW 67TH STREET BOCA RATON FL 33496	3603		3. Date Incorporated or Qualified 07/12/1996	Se. Date	e of Last	Report
2 Principal I	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>		Applied For
21	nace of Chambers	26			4, TET NUMBER		M	Not Applicable
Suite, Apl	#, elc	Suite, Apt. #, etc.						Additional
22]		27			5. Certificate of Status Desired			Pequired
City & Sta	te	City & State	***************************************		6. Election Campaign Financing		\$5.0	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	′	8. This corporation has liability for i			s. 199.032,
		29			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		T Name	10. Name and Address of New Re	gistered A	gent	
	DMORE, BRIAN J		81	Name	•			
	4 NW 67TH STREET		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
BO	CA RATON FL 33496		83					
			63	İ				
			84	City		FL	B5 Zip	Code
office or agent 1. SIGNATURE	am familiar with, and accept the obliq	gations of, Section 607.0505,	Florida Statute	S.	poration submits this statement for the pation's board of directors. I hereby accept		intment a	s registered
	Signative typica or printed name of ragistered ag			ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TITLE	····	ADDITIONS/CHANGES TO OFFIC		Change	
BITUE NAME	CUDMORE, BRIAN J	Otten	1.2 NAME					
STREET ADDRESS	AAAA KALLANDILI ATAEET		li i	ADDRESS				
CITY - ST - ZIF	BOCA RATON FL 33496		1.4 CITY - 5	Į.				
TITE	D	DELETE	21 TITLE	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		τ	Change	Additio
NAME	CUDMORE, ALINA A		2.2 NAME					1
STREET ADDRESS	A		2.3 STREET	ADDRESS				
COV SI-ZIF	BOCA RATON FL 33496		2. 4 CITY -	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE				Change	Additio
NAME	CUDMORE, TERENCE R		3.2 NAME					
STREET ADDRESS	2304 NW 67TH STREET		3 3 STREE	T ADDRESS				
City-St-ZiP	BOCA RATON FL 33496		3 4. CITY-	ST-ZIP				
TITLE		DEFEIE	4.1 TITLE			į	Change	Additio
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	r address				
CITY - ST - 7/P		T Anies	4.4 CłTY - I	ST-ZIP			-1 o.	41100
TITLE		DELETE	5.1 TITLE	[		L	Change	Additio
NAME			5 2 NAME					
STREET ADDRESS	[			ADDRESS				
DIY-SI-Zir		DELETE	54 CITY-1	ST-ZIP			Channe	Andria.
1111		DELETE	61 TITLE			L	Change	Addilio
NAMé			6.2 NAME					
STREET ADDRESS	1		6.3 STREET					
C(1) - S1 - 2(P)	1		6.4 CITY - 9	T- 7IP				

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

SIGNATURE: