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

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000059576 (4)

TRUDELL ENTERPRISES, INC.

HOUDAY FL 3	4690	HOLIDAY FL 34691-5637					
					3. Date Incorporated or Qualified 07/17/1996	3a. Date of Last Re	port
2. Principal P	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number		olied For
21		26			Applied for		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del></del>		6. Election Campaign Financing	\$5.00	May Be
23		28	T		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i		199.032,
24	9. Name and Address of Curr	29	30]			Yes No	
шол	<del></del>	ent Registered Agent	8	1 Name	10. Name and Address of New Re	Jistered Agent	
	OK, JOAN NELSON		1	INGITES			
	8 U.S. 19 JDAY FL 34690		8	2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
nui	JUAT FL 34090		8	9			
			0	3			
			8	4 City		<b>85</b> Zip C	ode
44 60000	40.000	100 007 4100 1		1		FL   s   z   p	
office or i	registered agent, or both, in the Sta	ale of Florida. Such change was	authorized I	by the corpor	rporation submits this statement for the pation's board of directors. Thereby accept	urpose of changing its it the appointment as r	registered eaistered
agent. I a	ım familiar with, and accept the obl	ligations of, Section 607.0505, FI	Iorida Statut	es.	11		
SIGNATURE			SHOCK			6-97	
12.		AND DIRECTORS	13.	geni signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	Contract Con	N 12
TITLE	PVST	DELETE	1.1 1911.6	1	(132,110,10)011111102010 07110	Change	Addition
NAME	TRUDELL DOLLO		1.2 NAM				
STREET ADDRESS	1148 U.S. 19			ET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34690		1.4 CITY				
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAM	E		_ ,	
STREET ADDRESS			2 3 STRE	F1 ADDRESS			
CITY-ST-ZIP				- S1 - 7(P			
TITLE		DELETE	3.1 111LE			Change	Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			į
TITLE		DELETE	4.1 1ITLE			Change	Addition
NAME			4.2 NAM	IE ]		•	
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE	<del>(</del>	DELETE	5.1 1111 E			Change	Addition
NAME			5 2 NAM	l.		<b>-</b>	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	7			ŀ

11. 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:

### A 7 - 9 7 813 - 943 - 013 7

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

DELETE

Change

Addition

**FILED** 

Apr 23 1997 8:00am

Secretary of State