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 # P96000059576 (4)

TRUDELL ENTERPRISES, INC.

FILED Jan 20 1998 8:00am Secretary of State

Mary March of Business Marriagh Address Mar	MODELE LIVI	Enrilles, mo						
HABULAN FL 34890 HOLDAY FL 34890 DO NOT WRITE IN THIS SPACE	Principal Place of Busin	oss	Mailing Ac	ddress				
BOLIDAY FL 34890 BOLIDAY FL	1148 U.S. 19		•					
2. Principal Prace of Business 2a. Mailing Address 3. Principal Prace of Business 2a. Mailing Address 3. Principal Prace of Business 2a. Mailing Address 3. Principal Prace of Business 3. Principal Business	1 3/3/17/27/27/27							
2. Principal Place of Euchness 24. Mailing Address 3. Principal Place of Euchness 25. Principal Place of Euchness 25. Principal Place of Euchness 26. S. Principal Place of Euchness 26. S. Principal Place of Euchness 27. South A. Principal Property Section 27. South A. Principal Place of Euchness 28. S. Principal Principal Principal Property Section 27. South A. Principal Pr								
Sum April #, 805							07/17/1996	
SINT ADMINISTRATIONS SINT ADMINISTRATION OF START ADMINISTRATIONS SINT ADMINISTRATION OF START ADMIN		sinoss ヹ					4. FEI Number Applied For	
27		<u> </u>					APPTIED 258 57236 8 Not Applicable	
City & State 23	⊢			- h				
28								
2.D Country 24			<u>├</u> 1					
25 88 30 Personal Property Tax due June 30 Yes No. N				Country				
10. Name and Address of Current Registered Agent	24	25	h	├				
1148 U.S. 19 HOUDAY FL 34890 12 Street Address (P.O. Box Number is Not Acceptable) 13 Pursuent to the provisions of Sociens 607 6007 end 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 Horida Such chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the displaced pays acut to day the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the displaced pays acut to day the corporation's board of directors. I hereby accept the appointment as registered of the provision of the purpose of changing its registered of directors. I hereby accept the appointment as registered of the provision of the					- T			
HOUDAY FL 34890 84 City FL 85 Zip Code 11. Pursuent to the provisions of Sceleon 507 05.02 and 607 15.01. Tionide Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent, or both, in the State of Floride Statutes, the above named corporation's board of directors i through sweep and accept the organization of Sceleon 607.00.50, floride Statutes, the above named corporation's board of directors i through scent the appointment its registered agent. I am Taylars with, and accept the organization of Sceleon 607.00.50, floride Statutes SIGNATURE Very	HOOK, JOA	in nelson			81	Name		
HOUDAY FL 34690 8 City FL 85 Zip Code 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 agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors I hereby accept the appointment as registered agent, are the submit as re					22	Street	Addrass (P.O. Boy Number is Not Accompany)	
11. Pursuant to the provisions G7 0502 and 607 1508, Florids Statutes, the anover-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was author/ord by the corporation's board of directors. I hereby accept the appointment as registered agent, or family all accept the projections of State of Provide State of Pro	HOLIDAY FI	L 34690			02	311661	n Address (F.O. Box Number is Not Acceptable)	
11. Pursuent to the provisions of Socious 607 05:02 and 607 15:08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agont, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the project project agent in a project visit and accept the project project agent in a project visit and accept the project project visit and the project visit an	:				83			
11. Pursuent to the provisions of Socious 607 05:02 and 607 15:08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agont, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the project project agent in a project visit and accept the project project agent in a project visit and accept the project project visit and the project visit an					FA	City	les 7: 0-4.	
Signature	L					' '	FL '	
Signature	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							
12. OFFICE PART of present of present defined and life - diagnostic depose and community Fig. Commun	agent. Fam lampliar with, and accept the appointment as registered agent. Fam lampliar with, and accept the appointment as registered agent.							
12. OF Incertain the projection of prince of the particular data particula	SIGNATURE LOCA. WILLOW HOOD. 1-5-97							
TRUE				o (NOTE		ent signature		
NAME TRUDELL, DOUG 1148 U.S. 19 1.3 STREET ADDRESS 1.4 BUS. 19 1.4 STREET ADDRESS 1.4 BUS. 19 1.4 CHY-SI-ZIP		OFFICERS AND	DIRECTORS	DELETE			· · · · · · · · · · · · · · · · · · ·	
1148 U.S. 19		FU. DOUG	'	_ Marit			Change Addition	
The content of the	4440					45:001:00	.}	
DELETE DELETE 2.1 ITLE	HAUF				4			
NAME				DELETE		1 - 71Fr	Change Addition	
STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP			•				Contained to the contai	
City - St - ZiP						ADDRESS	·	
TITLE								
NAME				DELFTE		71-211	Change Addition	
STREET ADDRESS STRE	NAME						_ Grange _ radition	
DELETE	STREET ADDRESS					ADDRESS		
THILE	CITY-ST-ZIP							
NAME		······································	I	DELETE			Change Addition	
A CITY-ST-ZIP	NAME				4. 2 NAME			
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	STREET ADDRESS				4.3 STREET	ADDRESS		
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-7IP				4.4 CITY - S	1- ZIP		
STREET ADDRESS	TITLE		T	DELFTE	5.1 TITLE		Change Addition	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAMF STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	NAME				5.2 NAME			
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS				5.3 STREET	ADDRESS		
NAME 62 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CHY-ST-ZIP		- A		54 CITY-S	I · ZIP		
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TITLE		[DELETE	6.1 TITLE]	Change Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				6.2 NAME			
0.1011 01 01	STREET ADDRESS				6.3 STREET	ADDRESS		
14 Thereby cortifue that the information complied with this bline does not evall for the presention stated in Continue the Continue to the Con		to the second se		· · · · · · · · · · · · · · · · · · ·	6.4 CITY - S	I - 7IP		

4. Thereby 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 suppliemental 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 chapted, or on an attachment with an address.