

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

FILED
May 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P96000091496*

1. Corporation Name
RUDI'S AUTO SALES, INC.

Principal Place of Business
*19 N.W. 9TH AVE.
FT. LAUD FL. 33311*

Mailing Address
*1125 S.W. 25TH AVE
FT. LAUD FL. 33312*

3. Date Incorporated or Qualified <i>11/4/96</i>	3a. Date of Last Report <i>N/A</i>
4. FEI Number <i>65-0707921</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for inapplicable tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
*VULIC, RANENHO
1125 S.W. 25TH AVE.
FT. LAUD FL. 33312*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
12.1 TITLE	<i>VULIC, RANENHO P</i> <input type="checkbox"/> DELETE
12.2 NAME	<i>1125 SW 25TH AV.</i>
12.3 STREET ADDRESS	<i>FT. LAUD. FL 33312</i>
12.4 CITY-STATE-ZIP	
12.5 TITLE	<i>VULIC, RANENHO S</i> <input type="checkbox"/> DELETE
12.6 NAME	<i>1125 SW 25TH AV</i>
12.7 STREET ADDRESS	<i>FT. LAUD FL. 33312</i>
12.8 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	

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*****165.00**

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 appears in Block 12 or Block 13 (if changed, or on an attachment with an address

SIGNATURE: *X Zorion Pulicee* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: *4/18/97* **Daytime Phone:** *954-767-9073*

CR2E034 (9/96)