

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


FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90042 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000104054</b> 1. Corporation Name <b>LUDALE ENTERPRISES, INC.</b>					
Principal Place of Business <b>441 VALENCIA AVE SUITE 203 CORAL GABLES FL 33134</b>			Mailing Address <b>441 VALENCIA AVE SUITE 203 CORAL GABLES FL 33134</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/30/1996</b> 4. FEI Number <b>65-0715081</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MELCHING, LUELLA N 441 VALENCIA AVE SUITE 203 CORAL GABLES FL 33134</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELCHING, LUELLA N		1.2 NAME		
STREET ADDRESS	441 VALENCIA AVE, SUITE 203		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, GAIL M		2.2 NAME		
STREET ADDRESS	11911 SW 107 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, JOHN S		3.2 NAME		
STREET ADDRESS	11911 SW 107 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, KAREN M		4.2 NAME		
STREET ADDRESS	6770 NW 84 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DANIEL L		5.2 NAME		
STREET ADDRESS	6770 NW 84 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

*Gail M. Phillips* REBECCA PHILLIPS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99  
Date

305 448-2377  
Daytime Phone #

CR2F034 (11/98)

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