Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000009141

1. Corporation Name

City & State

Zip

24

RUDENIS MACHINE CORPORATION

Principal Place of Business	Mailing Address					
183 26TH STREET NORTH ST PETERSBURG FL 33713	183 26TH STREET NORTH ST PETERSBURG FL 33713					
2. Principal Place of Business	2a. Mailing Address					
21	26					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

27

28

29

City & State

Zip

9. Name and Address of Current Registered Agent

Country

RUDENIS, DAVID
1830 26TH STREET NORTH
ST PETERSBURG FL 33713

25

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90088 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

01/27/1997 4. FEI Number

59-3433297

ST PETERSBURG FL 33/13			83					-			
1			84	City	FL		Zip Cod				
Pursuant to the provisions of Sections 607.0503 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 Signature, typed or printed name of reflistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFICERS AND						
TITLE	P	☐ DELETE	1.1 TITLE			Cha	inge	☐ Addition			
NAME	RUDENIS, DAVID		1.2 NAME		,						
STREET ADDRESS	6036-66TH TERR N		1.3 STREET	ADORESS				1			
CITY-ST-ZIP	PINELLAS PARK FL 33781		1.4 CITY-S	T- ZIP	·						
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Cha	inge	Addition			
NAME	RUDENIS, FLORA		2.2 NAME					ļ			
STREET ADDRESS	6036-66TH TERR.N	7 G 7 F 94 A	2.3 STREET	ADDRESS				İ			
CITY-ST-ZIP	PINELLAS PARK FL 33781		2. 4 CITY-5	T-ZIP			<u> </u>				
TITLE		☐ DELETE	3.1 TITLE			Cha	inge	Addition			
NAME			3.2 NAME								
STREET ADDRESS	, `		3.3 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY-S	T- ZIP							
TITLE .		☐ DELETE	4.1 TITLE			Cha	ange	Addition			
NAME	·		4. 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	, ·						
TITLE		DELETE.	5.1 TITLE			Cha	ange	☐ Addition			
NAME	• ,		5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRESS							
CITY-ST-ZIP		,	5.4 CITY-S	r-ZIP							
TITLE		☐ DÈLETÉ	6.1 TITLE			☐ Cha	inge	Addition			
NAME		•	6.2 NAME		,						
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY-\$	r-ZIP							

Country

81 Name

82

30

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 supplier ental 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 officer or director of the corporation or Block 12 or Block 13 if changed, or significant of the corporation or significant or

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR