

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S21675** (1)

1. Corporation Name

GARY L. RUDOLF, PROFESSIONAL ASSOCIATION



Principal Place of Business

**ONE EAST BROWARD BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301
US**

Mailing Address

**ONE EAST BROWARD BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RUDOLF, GARY L.
ONE EAST BROWARD BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/27/1990

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0233564

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

RUDOLF, GARY L.

STREET ADDRESS

1 E. BROWARD BLDG. #1200

CITY, ST, ZIP

FT. LAUDERDALE FL

TITLE

P

☐ DELETE

NAME

RUDOLF, GARY L.

STREET ADDRESS

1 E. BROWARD BLDG. #1200

CITY, ST, ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, complete, true and accurate and does not omit any fact for the exemption stated in Section 119.04(3)(4), 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 officer 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 appointment with an address.

SIGNATURE:

GARY L. RUDOLF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. RUDOLF
President

4-5-96

954-522-6700

CR2E034 (12/95)