

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S33300** (2)

1. Corporation Name  
**PADULA, INC.**



Principal Place of Business: **165 BOCA GRANDE BLVD. PUNTA GORDA FL 33950**  
Mailing Address: **165 BOCA GRANDE BLVD. PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **02/20/1991**  
3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **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. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**RUBIN, STEVE  
3001 DURHAM A, CENTURY VILLAGE  
DEERFIELD BEACH FL 33441**

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: **FL**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: *Steve Rubin* (Date: **5/14/95**)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	<b>PADULA, VICTOR</b>	
STREET ADDRESS	<b>333 LENOIR STREET</b>	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	STD	DELETE <input type="checkbox"/>
NAME	<b>PADULA, KATHY</b>	
STREET ADDRESS	<b>333 LENOIR STREET</b>	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Victor Padula* **VICTOR PADULA** (Date: **5/30/96**)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)