


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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S71261 (9)</b>					
1. Corporation Name <b>PUDER INVESTMENTS, INC.</b>					
Principal Place of Business <b>7200 W. CAMINO REAL STE 104 BOCA RATON FL 33433 US</b>			Mailing Address <b>7200 W CAMINO REAL STE. 104 BOCA RATON FL 33433 US</b>		
2. Principal Place of Business 21 <b>A78 Laina Lane</b> Suite, Apt. #, etc. 22 <b>#3</b> City & State 23 <b>Bounton Beach FL</b> Zip 24 <b>33437</b>		2a. Mailing Address 26 <b>8419 Twin Lake Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Boca Raton</b> Zip 29 <b>33496</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/02/1991</b>	
				4. FEI Number <b>65-0375671</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PUDER, MICHAEL 7200 W CAMINO RD STE. 104 BOCA RATON FL 33433</b>			10. Name and Address of New Registered Agent 81 Name <b>Puder, Michael</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8419 Twin Lake Drive</b> 83 84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33496</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PUDER, MICHAEL 8419 Twin Lake Drive</b>		1.2 NAME		
STREET ADDRESS	<b>7200 W CAMINO REAL, SUITE 104</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		1.4 CITY-ST-ZIP		
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PUDER, MICHAEL 8419 Twin Lake Drive</b>		2.2 NAME		
STREET ADDRESS	<b>7200 W CAMINO REAL, SUITE 104</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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.					
SIGNATURE: _____					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)