

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 06 1996 8:00 am
Secretary of State

DOCUMENT # S83669 (9)

1. Corporation Name

RUDDOCK ENTERPRISES II, INC.

Principal Place of Business

Mailing Address

1840 EAGLE TRACE BLVD. EAST : S.K.
CORAL SPRINGS FL 33071 : S.K.

P.O. BOX 77-0337
CORAL SPRINGS FL 33077

2. Principal Place of Business

2a. Mailing Address

21 2858 NW 95TH AVE.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 CORAL SPRINGS FL.

27 City & State

24 Zip 33065 25 Country U.S.A.

28 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
01/19/1996

4. FEI Number
65-0286201

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RUDDOCK, DELROY

1840 EAGLE TRACE BLVD. EAST : 2858 NW 95TH AVE.
CORAL SPRINGS FL 33071 : CORAL SPRINGS, FL 33065

81 Name

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

83

84 City

FL

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

Signature (Typed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUDDOCK, DONOVAN
STREET ADDRESS C/O 1840 EAGLE TRACE BLVD. EAST : S.K.
CITY - ST - ZIP CORAL SPRINGS FL 33071 : S.K.

TITLE TD
NAME RUDDOCK, DELROY
STREET ADDRESS 1840 EAGLE TRACE BLVD. EAST : S.K.
CITY - ST - ZIP CORAL SPRINGS FL 33071 : S.K.

TITLE SD
NAME RUDDOCK, LOUISE
STREET ADDRESS 7379 NW 34TH STREET
CITY - ST - ZIP LAUDERHILL FL 33313

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 2858 NW 95TH AVE
14 CITY - ST - ZIP CORAL SPRINGS, FL 33065

21 TITLE
22 NAME
23 STREET ADDRESS 2858 NW 95TH AVE
24 CITY - ST - ZIP CORAL SPRINGS, FL 33065

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

(954) 896-1887

Daytime Phone #

CR2E034 (3/96)