

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 # **V17001 (1)**
1. Corporation Name
SUDSCO, INC.



Principal Place of Business: **1755 NORTH CONGRESS AVENUE BOYNTON BEACH FL 33426**
Mailing Address: **1755 NORTH CONGRESS AVENUE BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified: **02/19/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0332130** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1100 Linton Blvd** 2a. Mailing Address: **26 P.O. Box 4727**
Suite, Apt. #, etc.: **22 Suite C-9** Suite, Apt. #, etc.: **27**
City & State: **23 Delray Beach FL** City & State: **28 Portsmouth NH**
Zip: **24 33444** Country: **25** Zip: **29 03802** Country: **30**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.0502 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 or printed name of registered agent and title of applicant

Signature of Registered Agent (Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALSH, MARK	
STREET ADDRESS	1755 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGER, ANDREW	
STREET ADDRESS	1755 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRITCHFIELD, RICHARD H.	
STREET ADDRESS	1755 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Walsh, Mark
1.3 STREET ADDRESS	1100 Linton Blvd
1.4 CITY - ST - ZIP	Delray Beach FL 33444
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V Berger, Andrew
2.3 STREET ADDRESS	1100 Linton Blvd. Ste C-9
2.4 CITY - ST - ZIP	Delray Beach FL 33444
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Critchfield, Richard H
3.3 STREET ADDRESS	1100 Linton Blvd Ste C-9
3.4 CITY - ST - ZIP	Delray Beach FL 33444
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, 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: *Mark Walsh* Pres. **4/29/96** Date: **407 279 9900** District Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK WALSH

CR2E034 (12/95)