

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 626709 (0)

1. Corporation Name  
**LUDLUM CORPORATION**



Principal Place of Business: % JOSE PORTNOY, CPA, 7600 W 20 AVE #201 999 HIALEAH FL 33016  
Mailing Address: 999 PONCE DE LEON BLVD STE 705 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 06/19/1979  
3a. Date of Last Report: 01/23/1995  
4. FEI Number: 59-1918635  
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: 21 999 PONCE DE LEON BLVD  
22 Suite, Apt. #, etc.: 705  
23 City & State: CORAL GABLES, FL  
24 Zip: 33134 25 Country: USA  
2a. Mailing Address: 26  
27 Suite, Apt. #, etc.:  
28 City & State:  
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent  
FERNANDEZ, HERMINIA CPA  
999 PONCE DE LEON BLVD  
SUITE 705  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NAME: Registered Agent signature required when beneficial) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, WILLIAM	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY- ST- ZIP	MIAMI BEACH, FL 3	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, DEBORAH	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY- ST- ZIP	MIAMI BEACH, FL 3	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, MICHAEL	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, JUDITH	
STREET ADDRESS	4747 COLLINS AVE., #1008	
CITY- ST- ZIP	MIAMI BCH. 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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *W Shulevitz* WILLIAM SHULEVITZ, PRES. 4/3/96 305-448-1648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)