PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000095094**1. Corporation Name

JUDITH B. GREENE, P.A.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90059 012 ***150.00

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Principal Plac	ce of Business	Mailing Address				1 500/4001 (10 10/10 04))	i mariji alkiji albiji ad	11 0 1010) A 1111 00610	IMIIS BIBS INDE	
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O Deineimal F	·	0- M-3: Add-				11/18/1996 4. FEI Number				١.
— ·	Place of Business	2a. Mailing Addre	:55			1 **			plied For	ٍ
21 Suite, Apt	# oto	26 Suite, Apt. #.	oto			65-0720560			t Applicable	`
	. #, etc.	27	ÇIU.			5. Certificate of Status De	sired 🗌	\$8.75 A Fee Re		
22 City & Sta	te .	City & State				A. Stanton Commission Sin			`	┨
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24	25	29	30	,		Personal Property Tax.	_		□No	l
24	9. Name and Address of Currer		[30]			10. Name and Address of				1
• •	3 3 - 3			81	Name			U		1
, , , GRE	ENE, JUDITH B.							•		1
BRIC	CKELL BAYVIEW CENTER			82	Street Addr	ess (P.O. Box Number is Not a	Acceptable)	· •		l
80 \$	SW 8TH ST., SUITE 2550	•		83		4 10 11		TY Washingt SHIPS	1410 (TE. 144)	1
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•				84	City	3 7 7 8 8 8 8 8		85 Zip C	Code"	1
11 'Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florid	a Statutes the	above	-named com-	oration submits this statement	for the numose	of changing its	registered	1
office or	registered agent, or both, in the State	of Florida: Such chang	e was authoriz	zed by t	the corporation	on's board of directors. I hereb	y accept the app	ointment as reg	gistered	l
	am familiar with, and accept the obliga	itions of, Section 607.0	505. Florida St	tatutes.						
			,							
SIGNATURE	Etemphys band or aduted some of polishand some	nt and title if applicable	·			d when reinstating) 12 17	DATE			
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Register	red Agent		d when reinstating) Y Y X	DATE	AND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	(NOTE: Register	red Agent		ADDITIONS/CHANGES				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN		(NOTE: Register 1;	red Agent 3. 1 TiTLE		. : :		AND DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME	Stgriature, typed or printed name of registered age OFFICERS AN D GREENE, JUDITH B	ID DIRECTORS	(NOTE: Register 13 LETE 1.1	red Agent 3. 1 TITLE 2 NAME	signature required	ADDITIONS/CHANGES				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D GREENE, JUDITH B BRICKELL BAYVIEW CENTER	ID DIRECTORS	(NOTE: Register 13 LETE 1.1 1.2	3. TITLE NAME	signature required	ADDITIONS/CHANGES				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgriature, typed or printed name of registered age OFFICERS AN D GREENE, JUDITH B	ND DIRECTORS	(NOTE: Register 11: LETE 1.1 1.2 1.3	red Agent 3. 1 TITLE 2 NAME 3 STREET /	signature required	ADDITIONS/CHANGES		Change	☐ Addition	
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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, with all other like empowered.