FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 31 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 342332 (4)

1. Corporation Name
JUDY REALTY & INVESTMENTS, INC.

Principal Place of Business
C/O SAMUEL ROSEN
5600 COLLINS AVE., APT. 11 SOUTH
MIAMI BEACH FL 33140

Mailing Address
C/O SAMUEL ROSEN
5600 COLLINS AVE., APT. 11 SOUTH
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1969
3a. Date of Last Report: 02/03/1994

21 2. Principal Place of Business: 40 L. SHEAR, 557 Y KIOWA CIR
26 2a. Mailing Address: 40 L SHEAR, 557 Y KIOWA CIR
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State: BOYNTON BEACH, FL
28 City & State: BOYNTON BEACH FL
24 Zip: 33437 25 Country: PALM BCH
29 Zip: 33437 30 Country: PALM BCH

4. FEI Number: 59-1287091 — 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

9. Name and Address of Current Registered Agent
ROSEN,SAMUEL
5600 COLLINS AVE
APT 11S
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name: LEONARD SHEAR
82 Street Address (P.O. Box Number is Not Acceptable): 557Y KIOWA CIRCLE
83
84 City: BOYNTON BEACH FL 85 Zip Code: 33437

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Leonard Shear, PRES. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: 1-25-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSEN,SAMUEL
STREET ADDRESS	5600 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	ROSEN,ESTHER
STREET ADDRESS	5600 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD
NAME	LEONARD SHEAR
STREET ADDRESS	557Y KIOWA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☑ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	6343 VIA DESONRISA DEL SUR
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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. 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 addition.

SIGNATURE: Leonard Shear — 1-25-95 — 407-737-1744
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
LEONARD SHEAR

0420346 FP