

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 657297 (8)
1. Corporation Name
JUDGE ELECTRONICS SERVICES OF FLORIDA, INC.

FILED

96 SEP 11 PM 1:26

Principal Place of Business

500 NORTH WESTSHORE BLVD.
SUITE 850
TAMPA FL 33609

Mailing Address

500 NORTH WESTSHORE BLVD.
SUITE 850
TAMPA FL 33609



400001955724
-09/25/96--01008--008
****225.00 ****225.00

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CICERO, JOHN E., II
500 NORTH WESTSHORE BLVD.
TAMPA FL 33609

3. Date Incorporated or Qualified

02/04/1980

3a. Date of Last Report

06/29/1995

4. FEI Number

52-1173759

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME JUDGE, MARTIN E., JR.
STREET ADDRESS 201 DOMINION DR.
CITY - ST - ZIP MOORESTOWN NJ

TITLE PD ☐ DELETE

NAME DUNN, MICHAEL A.
STREET ADDRESS 45 AVONDALE RD.
CITY - ST - ZIP HADDONFIELD NJ

TITLE D ☐ DELETE

NAME JUDGE, MARTIN E., SR.
STREET ADDRESS 100 KENWOOD DR.
CITY - ST - ZIP CHERRY HILL NJ

TITLE S ☐ DELETE

NAME WIERCINSKI, KATHARINE A.
STREET ADDRESS 2726 OLD CEDAR GROVE RD.
CITY - ST - ZIP BROOMALL PA

TITLE T ☐ DELETE

NAME SULPAZO, MARGARET E.
STREET ADDRESS 2 BLANCHARD RD.
CITY - ST - ZIP MARLTON NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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

MARGARET E. SULPAZO

6-13-96

610-667-7700

CR25313/96