

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F94730**

(1)

1. Corporation Name

**JUDGEMENT, INC.**

Principal Place of Business

**630 MAGELLAN DRIVE  
SARASOTA FL 34243  
US**

Mailing Address

**HENRY P. TRAWICK, P.A.  
P. O. BOX 4019  
SARASOTA FL 34230  
US**

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

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**2a. Mailing Address**

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**29**

**30 Country**

9. Name and Address of Current Registered Agent

**JUDGE, VIRGINIA M  
630 MAGELLAN DR  
SARASOTA FL 34243**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL** **85** Zip Code

10. Name and Address of New Registered Agent

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 reentering)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>JUDGE, VIRGINIA M</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>630 MAGELLAN DRIVE</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34243</b>		<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VTD</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>JUDGE, TIMOTHY J</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>630 MAGELLAN DRIVE</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34243</b>		<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>JUDGE, DANIEL G III</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>630 MAGELLAN DRIVE</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34243</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>6.4 CITY-ST-ZIP</b>	

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.

SIGNATURE: *Virginia M. Judge*

4-30-98 941-757-8781

CR2E034 (1097)