

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

FILED

Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004828 (7)

1. Corporation Name  
JUDGE IMAGING SYSTEMS, INC.



Principal Place of Business  
500 N WESTSHORE BLVD #850  
TAMPA FL 33609

Mailing Address  
500 N WESTSHORE BLVD #850  
TAMPA FL 33609-1986

3. Date Incorporated or Qualified 09/19/1996	3a. Date of Last Report
4. FEI Number 06-1184427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 2 Bala Plaza
22. City & State	27. Suite, Apt. #, etc. Suite 800
23. Zip	28. City & State Bala Cynwyd PA
24. Country	29. Zip 19004
25. Country	30. Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, MARTIN JR	1.2 NAME	
STREET ADDRESS	701 DOMINION DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	MOORESTOWN NJ	1.4 CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULPAZO, MARGARET E	2.2 NAME	
STREET ADDRESS	2 BLANCHARD RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	MARLTON NJ	2.4 CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIERCINSKI, KATHERINE A	3.2 NAME	
STREET ADDRESS	2726 OLD CEDAR GROVE RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	BROOMALL PA	3.4 CITY- ST- ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG-MARCELLI, WENDY	4.2 NAME	
STREET ADDRESS	137 WASHINGTON AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	HAVERTOWN PA	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, MICHAEL	5.2 NAME	
STREET ADDRESS	45 AVONDALE RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	HADDONFIELD NJ	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)