

PROFIT
CORPORATION
ANNUAL REPORT
1996



FEDERAL DEPARTMENT OF STATE
 Bureau of Modern
 Secretary of State
 DEPARTMENT OF COMMERCE

(9)

JUDI R. MALE, A.S.I.D., INC.

9100 HAMMOCK LANE DRIVE
MIAMI FL 33156
US

3250 MARY STREET, SUITE 303
MIAMI FL 33133

[illegible]

MALE, MICHAEL H., ESQ.
3250 MARY STREET
SUITE 303
MIAMI FL 33133

81 Name _____

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

83 _____

84 City _____

FL 85 Zip Code _____

[illegible]

12	001 - FIELD AND DESK TROOPS	13	ADDITIONAL CHANGES TO OFFICERS AND DETECTIVES IN 12
PD	☐ OFFER	1 OFFER	☐ Change ☐ Addition
MALE, JUDI R		1 NAME	
9100 HAMMOCK LAKE DRIVE		1 CHANGE NAME	
MIAMI FL	☐ OFFER	14 OFFER 2	☐ Change ☐ Addition
		2 OFFER	
		2 NAME	
		2 OFFER ADDRESS	
	☐ OFFER	14 OFFER 2	☐ Change ☐ Addition
		3 OFFER	
		3 NAME	
		3 OFFER ADDRESS	
	☐ OFFER	4 OFFER 3	☐ Change ☐ Addition
		4 OFFER	
		4 NAME	
		4 OFFER ADDRESS	
	☐ OFFER	4 OFFER 3	☐ Change ☐ Addition
		5 OFFER	
		5 NAME	
		5 OFFER ADDRESS	
	☐ OFFER	5 OFFER 3	☐ Change ☐ Addition
		6 OFFER	
		6 NAME	
		6 OFFER ADDRESS	
		14 OFFER 2	

14. I hereby certify that the person(s) named in the foregoing report is/are and are being reported by me for the reasons stated in Sections 19 (b)(3)(A), Florida Statutes. Further, I certify that I am not a member of the covered categories of persons named in the report as being an associate and that my signature shall have the same legal effect as if made under oath. I am not a member of the categories of the reason or burden imposed in this report as required by Chapter 609, Florida Statutes, and that my name is not on the list of persons named in the report as being an associate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (303) 667-8666

CR2E034 (12/95)