

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90183 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H09487

1. Corporation Name

~~GOLDMAN & JUDA, P.A.~~

~~GOLDMAN, JUDA & MARTIN, P.A.~~

Principal Place of Business

7771 W OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE FL 33351-3787

Mailing Address

7771 W OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE FL 33351-3787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1984

4. FEI Number

59-2416130

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8211 W. Broward Blvd

2a. Mailing Address

26 8211 W. Broward Blvd

Suite, Apt. #, etc.

22 PH 1

Suite, Apt. #, etc.

27 PH 1

City & State

23 PLANTATION FL.

City & State

28 PLANTATION FL.

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

JUDA, KIMBERLY A.  
7771 W. OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE FL 33351-3787

10. Name and Address of New Registered Agent

81 Name

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

8211 W. Broward Blvd. PH. 1

83

84 City

FL

85 Zip Code

33324

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

*Kimberly A. Juda*

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

(NOTE: Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PRES./DIRECTOR~~ ☐ DELETE

NAME GOLDMAN, RON  
STREET ADDRESS 7771 OAKLAND PK BLVD 201  
CITY-ST-ZIP SUNRISE FL

TITLE ~~VP/DIRECTOR~~ ☐ DELETE

NAME JUDA, KIMBERLY  
STREET ADDRESS 7771 W OAKLAND PK BLVD  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PRES/DIRECTOR~~ ☒ Change ☐ Addition

1.2 NAME RONALD GOLDMAN  
1.3 STREET ADDRESS 8211 W. BROWARD BLVD. -SUITE PH1  
1.4 CITY-ST-ZIP PLANTATION, FL. 33324

2.1 TITLE ~~VP/DIRECTOR~~ ☒ Change ☐ Addition

2.2 NAME KIMBERLY JUDA  
2.3 STREET ADDRESS 8211 W. BROWARD BLVD. -SUITE PH1  
2.4 CITY-ST-ZIP PLANTATION FL. 33324

3.1 TITLE ~~SEC/TREAS/DIRECTOR~~ ☐ Change ☒ Addition

3.2 NAME RONALD MARTIN  
3.3 STREET ADDRESS 8211 W. BROWARD BLVD. -SUITE PH1  
3.4 CITY-ST-ZIP PLANTATION, FL. 33324

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 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, with all other like empowered.

SIGNATURE:

*Kimberly A. Juda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(954) 579-9700

Daytime Phone #

CR2E034 (11/98)