FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

JUDITH	A. STANICH, INC.	· · · ·				
Principal Place of Business Mailing Address ### JUDITH A. STANICH 1192 SW 25TH AVE. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442				e sagges in and nitting sterr and anon' alder didit diet diet diet.		
OCCINICAD DE		DECIMIED DENOTITY		3. Date incorporated or Qualified	3a. Date of Las	•
2. Principal Flat	ce of Business	2a. Mailing Address		01/10/1989 4. FEt Number	07/06/1	Applied For
1		26		65-0090716	-	Not Applicable
Suite. Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 -	75 Additional
2 City & State		City & State		6. Election Campaign Financing	F	.00 May Be
3		28		Trust Fund Contribution	1 1	ded to Fees
Zip I	Country 25 9. Name and Address of Curi	Zipi 29	Country 30		₽ No	rs 199.032,
	9. Name and Address of Curr	rent Hegistereo Agent	81 Name	10. Name and Address of New F	legistered Agent	
STANICH, JUDITH A. 1192 SW 25TH AVE. DEERFIELD BEACH FL 33442			82 Street Address (P.O. Box Number is Not Acceptable) 83			
DEEKFIEL	LD BEAUTI FL 33442					
			84 City		FL 85	Zip Code
familar with SIGNATURE :	i, and accept the obligations of, So Apartie, specto-pilite thank of spicticed as	ection 607.0505, Florida Statute	S. OTE: Registered Agent signature required 13.	rd of directors. I hereby accept the app of when reinstating. ADDITIONS/CHANGES TO OFF	DATE	
il,f	D	DELETE	1. 1 TITLE	ADDITIONS/OFFANGES TO OFF	CERS AND BIREC	
IMAI	STANICH, JUDITH A.		1.2 NAME			
THEF ACORESS	1192 SW 25TH AVE.		1.3 STREET ADDRESS			
1'¥-\$1-7⊮ 1tf	DEERFIELD BEACH FL	DELETE	1.4 CITY - ST - ZIP 2 1 TIFLE		Chang	ge 🔲 Addition
4ME			2 2 NAME			Je LI Addition
IRLET ADDRESS			2.3 STREET ADDRESS			
1Y 50 792	· · · · · · · · · · · · · · · · · · ·		2 4 CITY - ST - ZIP			
TLF AMh		DELETE	3 1 TITLE 32 NAME		☐ Chang	ge Addition
INTE ACORESS			3.3 STREET ADDRESS			
F S1 ZIP			3 4 CITY - \$T - ZIP			
LF	-	☐ DELETE	4 1 TITLE		☐ Chang	ge 🔲 Addition
AM:			4 2 NAME			
HER LADDRÉSS			4.3 STREET ADDRESS			
dy St Zer fut		DELFIE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Chang	je 🔲 Addition
VME		Securit	5 2 NAME			
IRE-LADORESS			5 3 STREET ADDRESS			
(1x - \$1 - 70P			5 4 CITY - ST - ZIP			
1LF		☐ DELETE	6 1 TITLE		Chang	ge 🔲 Addition
MA.			6 2 NAME			
JREET ADDRESS JID+S1+ZIP			6.3 STREET ADDRESS			
14. I do hereby cert tv that t	certify that the information supplie the information indicated on this ar ann an officer or director of the cor	hhuál feoórt ór Supplemental anr	hual record is true and accura	or the exemption stated in Section 119 te and that my signature shall have the	same lenal effect a	s if made under

Stomes Judith A. Stanich 1-17-96
PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date